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MEDICAL AND SURGICAL CASES

AND

OBSERVATIONS,

WITH PLATES;

BY DUDLEY ATKINS, M.D

NEW YORK

PETER HILL, 94 BROADWAY

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1834

TO JAMES JACKSON, M. D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE,
IN HARVARD UNIVERSITY, ETC. ETC.

MY DEAR SIR,

I SHOULD have been unmindful of the kindness experienced during nearly twenty years, had I selected any other person than yourself, to whom to send this little volume. I should have most unworthily requited the care with which you endeavored to aid my labors as a student, had I not brought to you this small tribute, the gleanings of a few years of professional labor.

But I must confess, to use the words of a great man, that it cannot but look like a design in me to borrow your name, and beg your patronage to my book, that if there were no other worth in it, I might shew that though unknown to the world, I am known to you. And I cannot but say that I am very fortunate in being attracted by private obligation and regard to the very person, whom, of all others, my reason would have chosen for this, I trust, not unworthy purpose.

I beg you, therefore, my dear sir, to accept as a token of my respect the little volume to which I have thus endeavored to attach your name, and it will not be wholly in vain, if it may be permitted to testify the sincerity and esteem,

With which I am,

My dear sir,

Your very obliged friend,

DUDLEY ATKINS, M. D.

P R E F A C E .

THE following collection of cases is thrown together without method, for it was not easy to fix upon any principle of arrangement, when scarcely two were alike.

They are published from a variety of motives, which it may not be amiss briefly to state. In the first place, I thought some of them were worthy of record from their singularity, and others from the importance of their subjects.

In the second place, I thought there were many of them which were of a character very much to encourage the young physician, in his attempts to relieve cases apparently desperate in their circumstances. Some of them exemplify the power of nature in effecting cures almost beyond hope, and others, the reward obtained by perseverance, which, however, is not the less for being often unexpected.

In the third place, I recollected that most of them occurred in places remote from my present residence, and that any reputation they might have given me.

whether deserved or not, could only be regained by their publication here. And as very many of them occurred among the poorer classes, I thought it not unworthy of my profession to seek any praise they might justly deserve, as a portion of my legitimate and fair compensation.

I therefore leave it to the kindness of my professional brethren, to whom I am already under so great obligations for unmerited courtesy and attention.

If this publication shall have the effect of leading others, whose stores are far greater, and upon whom the profession has a demand proportionably great, to favour us with the results of their labors and experience, I shall find in that circumstance alone an abundant reward.

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M E D I C A L C A S E S .

R H E U M A T I S M

T R E A T E D B Y P E R C U S S I O N O N L Y .

CASE 1. E. T., an unmarried female, aged about twenty, was affected with acute rheumatism of both wrists and elbows, so as to be unable to feed herself, or to raise her hands to her head. It had been of two weeks' continuance. The joints were much swollen, and very painful. As there seemed to be very little inflammation, I determined to try the effect of percussion and friction. A stimulating liniment was ordered, but not procured, and she was instructed to make a mallet or beater, with which to beat the joints affected. A silken ball, stuffed firmly with cotton, was fixed upon the end of a short stick, and with this she was directed to beat the parts as often and as much as she could bear. This involved, of course, a constant exercise of the joints affected. By this treatment, perseveringly continued for two weeks, she was

wholly cured. The swelling was removed, the pain subsided, and the joints became moveable, and so free, that in two or three weeks, she could comb and put up her hair behind her head.

CASE 2. Some time afterwards I was called to see J. M., a connexion of my own, who was said to be very ill. He had been long exposed to a cold north wind, while engaged upon the water-side the day previous. I found him lying upon a sofa, in his parlor, in great pain—unable to move. He complained of severe pain shooting from the small of the back down the buttock and thigh, which, upon farther inquiry, I found to be produced by acute rheumatism of the part. The pain had been only of a few hours' continuance, but was so severe, that upon attempting, at my request, to rise, he fainted. Hardly knowing how to handle so severe an attack, and not liking to wait the slow operation of bleeding, &c., I resolved to test the power of percussion. I turned him with difficulty upon his stomach, and commenced the operation. Not having my instrument with me, I used the back or ulnar part of the fist, with which I commenced gently beating the part affected. This at first caused great pain, but the soreness soon became less, and in a few minutes he began to find himself easier. The force of the percussion was gradually increased, and it was applied with both hands. In twenty minutes from the time of commencing it, he

raised himself up, and, with my assistance walked round the room, experiencing comparatively little pain. I directed the operation to be repeated at short intervals by his family, and ordered him to take the next day, a dose of jalap and cream of tartar, with which remedies he was in a few days wholly recovered. As this mode of treatment gives so immediate relief, I am inclined to recommend it to be used in all cases where the suffering is great.

The vulgar use of the same mode of practice, in mild cases, is well known; and I remember that many years since, my father was accustomed to place us upon chairs about him, to beat the rheumatism out of his shoulders, which was always effected in a few minutes by our hearty cooperation; but its efficacy in more severe cases is, I believe, less commonly known.

The fact being certain, its *modus operandi* I am inclined to leave to those who have a turn for such speculation.

CHRONIC RHEUMATISM,

TREATED BY THE VAPOUR BATH.

CASE 3. Mr. J. S. came under my care in the month of September, afflicted to a great degree with what might be termed the sequelæ of chronic rheumatism. He had recently returned from Havana, where he was for many months dreadfully afflicted with severe rheumatic inflammation in almost every joint. When I saw him his head was almost immoveably fixed upon his neck. He suffered much from pain at night, and was quite stiff in all his joints, moving with great difficulty.

I determined to try the powers of the vapour bath in loosening stiffened joints, and with a simple apparatus, which I contrived, I succeeded in applying it very efficaciously.

I fastened three strips of board about five feet in length, to a large wooden hoop of three feet diameter;—the strips were fixed at the other end, to a wooden triangular frame, which rested upon the floor. In this a chair was placed, and

a stool for the feet, as in the common vapour bath. The patient was placed upon the chair, and his head allowed to project above the hoop, while a large sheet, spread over the whole, and pinned about his neck, and round the upright strips of wood, confined the steam. This was produced by placing the common Jennings' apparatus upon a furnace of coals, and the pipe introduced under the chair. By urging the heat with bellows, a steam was kept up quite as hot as the patient could bear. The patient was kept in the bath about twenty minutes, when he was found to be covered with a most profuse perspiration. While in this state, I caused all the joints affected to be very briskly rubbed, and when he came out, he was rubbed dry. By persevering in this plan daily, for about two weeks, the joints became perfectly relaxed; a slight stiffness only of the neck remaining: the pains were removed, and he was enabled soon to walk out, and to enjoy the fine weather of autumn; nor did he have a relapse while he remained within my notice. From the very decided success I obtained in this case, I do not hesitate to recommend the vapour bath, as a remedy of great efficacy, in cases of chronic rheumatism of this description; and they are often such as baffle the skill of the physician, while they severely try the endurance of the sufferer.

And it may be farther added, that they are cases, which are, for the most part, beyond the

power of internal remedies. Blisters, and stimulating embrocations, as oil of Turpentine, Larni, &c., are in the highest degree painful, while their operation in chronic cases is of doubtful efficacy. The vapour bath, on the other hand, presents a more sure remedy, which, at the same time, is decidedly grateful to the feelings of the patient, and by an apparatus like the one described, it may be soon applied in any situation or place.

CASES OF CURVED SPINE.

CASE 4. Mrs. M., one of the poor of the parish, came under my care during the year 1827. She was a widow, aged about forty, who was referred to me rather for the purpose of charitable attentions, than from any expectation of a cure. She was regarded, to use a common phrase, as bedridden, and I was requested to do any thing that might conduce to her comfort.

She presented the following appearances. She was wholly confined to the bed, being affected with a partial paralysis of the lower extremities. She had been quite helpless for many months. She complained of great pain in the back and limbs, very much increased by any attempt to assume the erect position. She could move her legs a little, but was wholly unable to sustain her weight upon them, even with much assistance. This state of things had come on very gradually. There was a considerable projection of the thoracic and superior dorsal vertebræ, and pressure upon them caused pain. Her bowels were exceedingly constipated, and had been so for a long time, being

moved with difficulty by the most active purgatives. Her tongue was red, contracted, and pointed; covered, except at the point, with a close yellowish fur, and her breath offensive. Her pulse was weak and frequent, her appetite almost none, and digestion much impaired. As there was no symptom indicative of an ulcerated state of the vertebræ, I was induced to consider it as one of those cases of diseased spine, to which the attention of the profession has been particularly called, by Doctor Physick of Philadelphia, proceeding from a disordered state of the bowels, and consequent imperfect nutrition, terminating in a softened state of the vertebræ. These bones are the first to exhibit the effects of this state of the system, from their having to support a relatively greater weight than those of any other part.

Cases of this description, he has found to be treated very successfully by means of active purgatives, frequently repeated, and continued until a favorable change of symptoms is produced. If my recollection is correct, (for I neglected to take notes of his lectures, and in common with the whole profession, I regret that we cannot refer to any thing in print for his practice or opinions,) he has found a similar mode of practice equally successful in many of the common cases of curved spine attended with ulceration.

I at once put Mrs. M. upon a course of active purgatives, which was continued without inter-

mission for several months. At first I gave her every other day a large dose of Pil. Cochiae, always giving enough to procure three or four evacuations. As the bowels became more susceptible to their action, the doses were diminished, and the intervals between them lengthened to two, and at last three days. At first there seemed no remission of her symptoms; but by degrees the pain in the back and limbs subsided, and she recovered the use and strength of the lower extremities. The bowels became more free, and the general health improved, and before the end of a year, she could sit up several hours, and with a cane could walk about the house.

In this state she continued for several years, moving about with comparative comfort, and her back and limbs gradually recovered their strength.

CASE 5. C. R., a boy, aged about 6 years, had been for some time affected with a curvature of the thoracic vertebræ, to such a degree, that his head was quite sunken between his shoulders. At the time I first saw him, he spent the chief of his time upon the bed, being unable either to sit up long or to walk. His appetite was not good, and his bowels exceedingly constipated. I put him upon the same course of treatment as the last patient, and when he was up, had his head supported by a suspensory apparatus attached to his chair, and constructed from the drawings given by Dr. J. K. Mitchell, in his valuable paper

upon this subject in vol. IV. of the North American Medical and Surgical Journal.

After this plan had been pursued a few months there was a rapid improvement in his condition; he was made to walk in one of the suspensory cars described as above, and in the course of six months was able to play in the street. The purgatives were continued in his case about three months, and no external irritants of any kind were applied. He had subsequently a severe pulmonary affection, with copious purulent expectoration, but unattended with any of his previous symptoms, and from which he happily recovered.

CASE 6. L. N., a very delicate boy, about 3 years old, was affected with curvature of the lumbar vertebræ, followed by psoas abscess. He was a slender child, of white skin, with light hair and light blue eyes, the sclerotica of a pearly white. He had a slight curvature in the lumbar region, complained of much pain, was unwilling to move, and limped exceedingly. When standing he was much bent forward, from the constant flexion of the thighs upon the pelvis. His bowels were not constipated. From the great pain and difficulty he experienced in moving, as well as from his temperament, I apprehended caries of the spine. His mother being anxious to prolong his life, and consenting to active treatment, I made two long issues upon the back with caustic potash, placing them on each side of the

affected portion of the spine. These were kept open for many months, with ultimate success. Two or three months after the issues were opened, a painful swelling appeared in the right iliac region, passing down towards the thigh. I had no doubt from this moment, that caries of the spine had terminated in the formation of a psoas abscess. As the tumor increased, it descended lower, until it occupied the whole superior half of the thigh. His strength became much diminished, but was supported by nourishing diet, and frequently repeated doses of the Sulphate of Quinia. He was feverish and restless, and could rest only upon pillows in the lap. At last the abscess pointed and was opened upon the outside, just below the buttock, and a very large quantity of pus discharged. The discharge from the issues was carefully kept up, and that from the abscess was found gradually to lessen. This treatment was continued for the greater part of the year, when he became able to walk and to play about the floor, and finally recovered.

From these cases, which I trust will not be found destitute of interest, the young practitioner may find encouragement to persevere in a mode of treatment which he knows to be judicious, notwithstanding the most unfavorable appearances; and he may find fresh inducements to the faithful discharge of medical duty, under circumstances the most disheartening. There is nothing so delightful as the crown of success, earned by constancy in endeavoring to overcome a dis-

ease which time seems to have put beyond the power of remedies.

CASE 7. The following case is deemed worthy of being recorded from the singularity of its mode of termination. It is taken from notes made while I was House Pupil in the Philadelphia Alms House Infirmary.

Daniel Sullivan, æt. about 35, was admitted into the Infirmary, March 26, 1819. He had been sick for several months before the physician in attendance was able to ascertain the true character of his disease. The first symptoms were pain in the back, after a severe cold and a slight sprain in his loins. He gradually lost the use of his lower extremities, and the discharges from his bladder and rectum became involuntary. A great quantity of pus was one day discharged with his urine, which ever after continued to be purulent. Nothing more was done for a long time than merely to support his strength by tonics and a generous diet, and to meet any unpleasant symptoms as they occurred. The symptoms and history of his disease were so obscure, that no efficient treatment could be adopted. About five or six weeks before his death, July 13th, Dr. Hewson having satisfied himself that it was principally a disease of the spine, whatever else might have occurred subsequently, ordered two issues to be made in his back, just at the junction of the lumbar and dorsal vertebræ. They were kept open by Ung. Cantharid. and

for the last two weeks before his death, he began to recover some power over his right leg; which proved satisfactorily that Dr. Hewson's view of the case was correct. After sinking gradually for a week, he died July 13th.

Inspection. Upon opening the abdomen, we found the stomach distended with air, but otherwise healthy. The liver and small intestines were also nearly natural, except that the last as well as the large intestines had a slightly inflamed appearance. The cœcum was very large and distended; the colon to the beginning of the sigmoid flexure was natural and full of fæcal matter. But where it usually terminates in the rectum, it turned upward, extending almost to where the duodenum crosses the spine, and then turning down it terminated in the rectum. All the colon, from the termination of the arch to the rectum, was contracted to the size of the small intestines, and in some parts even smaller. The coats were much thickened and indurated, and the longitudinal bands were unusually thick and firm. The whole colon and rectum were filled with hard scybala, although he was actively purged the week previous. The bladder was very much contracted, and its coats much thickened and indurated. It was full of urine, at the bottom of which was a copious purulent sediment. At the right side of its fundus the bladder terminated in a neck or process of considerable length, which we found to extend to the top of the sacrum on the right side; the

cavity then passed to the left side, and extended along the vertebræ, lying between their bodies and transverse processes and the psoas muscle of the left side. It communicated with a cavity in the body of the middle lumbar vertebra, which was found to be almost destroyed ; a portion of the body and the separated processes only being left. The adjoining vertebræ appeared to be somewhat diseased, and approaching the state of the first. All the ligamentous and cellular membrane around them, was changed into a semi-cartilaginous, cheesy substance, interspersed with particles of bony matter.

Thus it was clearly seen, that this was a case of caries of the lumbar vertebræ, producing an abscess which extended along the inside of the left psoas muscle to the sacrum, when it passed to the right side, and formed a communication with the bladder.

It was an exceedingly obscure case, which was very little cleared up by the appearance of a copious purulent discharge in the urine ; as this rather, on the contrary, gave reason to suppose the symptoms were produced by a destruction of one of the kidneys, and thus still farther confused the diagnosis.

M O L L I T I E S O S S I U M .

A very remarkable instance of this disease, probably the most so upon record, occurred in the city of Bremen, where I saw the skeleton in August, 1820. I am induced to insert it from its near connexion with the last cases.

The subject was confined to his bed for ten years previous to his death: several years before this event, his joints were rendered wholly useless by ankylosis, and he was quite incapable of motion. He had many ulcers, and they became so painful a few weeks before death, that they could only be dressed once a week. They became in consequence full of vermin, which literally ate his flesh, and yet he preferred the pain of this to that of the dressing. The skeleton I saw in the Museum. The earthly part of the bones appeared to be totally absorbed, with the exception of the shaft of one os femoris, so that they were all translucent, and quite elastic. The chest was more deformed than I ever remember to have seen; it being quite flat and its antero-posterior diameter in no part more than four inches, generally less. It was also a most wonderful specimen of ankylosis, every

joint in the body being firmly ankylosed. The vertebræ were all united to each other by bony union, and the head to them. The union seems to have preceded the softening of the bones.

Diseases of the bones, as rickets, caries, &c. I found to be peculiarly common there, meeting large numbers of persons with deformed chest and back, and lame and diseased limbs.

The above will certainly be considered a very remarkable instance of the extent to which, in some constitutions, these morbid processes are carried. As such I thought it worthy of record.

In cases of children predisposed to rickety affections, I have found very great advantage to be derived from a diet consisting almost wholly of fresh eggs. These are given either slightly cooked, or raw. In the latter case, I order two fresh eggs to be beaten up in a tumbler of cold or milk-warm water, with loaf sugar: of these the child is to take as many as he can be persuaded to eat or drink, generally from four to eight daily. This diet, without medicine of any kind, I have found to give quite new life and tone to the system of a delicate child.

The same article, viz: eggs in cold water, I have found to be a most refreshing thing for invalids of almost every description, but especially for persons of an irritable stomach. I have myself, when out of health, taken as many as eight in the day, and found them to sit lighter on my stomach than any article of food whatever.

In the chronic bowel complaints of teething children, the stomach is often so irritable, that no fluid aliment can be retained. A child of my own of about ten months, which was in this condition during the month of August 1831, was kept nearly a month upon eggs alone, prepared as above directed. At the time of commencing their use, the stomach rejected every fluid nourishment. But she soon became very fond of the eggs, using a dozen every two days, and upon this diet, with plenty of fresh air, soon recovered.

I do not hesitate to recommend it as the lightest article with which I am acquainted. It rarely disagrees with the stomach or bowels, and the coolness of the water is, during the hot weather, peculiarly grateful to children; who, indeed, have generally a longing for cold drink, while laboring under summer complaints. By this means, we are enabled to gratify this natural desire, and, at the same time, to supply the stomach with a most nutritious diet.

REMARKS UPON SOME SYMPTOMS

OCCASIONED BY AN

EXHAUSTED NERVOUS SYSTEM.

There is a class of nervous symptoms and affections, that I know not how better to class, than under the above denomination. They are somewhat analogous to those which Dr. Hall has described in his work on the Mimoses, and yet are so different as to merit a separate notice. The chief and most troublesome of them I do not remember to have seen in any medical work. It is always described as a *sensation of burning* or flashes of heat over the front of the chest, chiefly along the sternum. When I first met with it, I was quite at a loss to understand its nature or cause; but at a subsequent period, I became familiar with it in my own person.

It generally shows itself in persons whose system has been exhausted by venereal excesses, or by working in an overheated atmosphere. It is also brought on by any thing which distresses or embarrasses the mind. In my own case, I ascribed it to writing too much in a hot room,

combined with great anxiety of mind. I am anxious to call the attention of physicians to it, because I am convinced that medicine does no good, but rather hurt, in these cases, while a nutritious diet, and free exercise in the open air, are almost specific in its cure. In one instance, when it existed to a great degree, it was wholly removed for the time by dining upon very rich beef-soup, nearly in the state of rich gravy. This removed it entirely, within twenty-four hours. An entire cessation of the causes producing it is indispensable to its cure, and in an especial manner *the avoiding all hurry*, and all mental care and fatigue; for bodily fatigue is one of the most direct remedies. After this heat upon the breast shows itself, if the same habits are continued, there is soon added to it a decided *hoarseness*, indicating a disposition to pulmonary affection. In fact, I could hardly define it in fewer words, than by saying, that it is an exhausted state of the nervous system, showing itself in a simple weakness or debility of the lungs and chest; and exercise in the cold air is almost immediately effectual in its removal, if it be adopted at once, and carried to a sufficient extent. I first became acquainted with these symptoms in the following case.

CASE 8. I was called in the fall of the year to see Miss P., aged about 20, a farmer's daughter, who lived at some distance from town. She was confined to her room, and so weak that she could sit up but half an hour at a time. Her friends were apprehensive that she was the subject of

consumptive complaints. But upon a careful investigation, I could find no reason to believe her lungs affected. The symptom she complained most of, was a sensation of *heat or burning over the front of the chest*, or, as she termed it, "*burning at her stomach*," which was much increased by any attempt to occupy her mind or body, or by any the least mental disturbance. This, at the time, I did not in the least comprehend, nor did I understand the true pathology of the case, until I afterwards became subject to the same symptoms. She was very feeble, trembled much upon attempting to move, and had no appetite. The bowels were slow in their motions, and the tongue very much furred. Her pulse was rather frequent, and she had slight palpitations, but I could find no reason to suspect any organic affection of any part. I considered it a case of chronic derangement of the stomach and bowels.

During four or five months, I tried every modification of alterative and tonic treatment, without the slightest benefit. I also consulted Dr. Jackson of Boston upon her case, who recommended almost precisely the course of treatment which I had been so long in vain pursuing. Her tongue continued furred, her appetite very indifferent, and her other symptoms nearly the same. At last I relinquished the case in despair, and her friends began to take her out to ride, and by degrees she recovered her health and strength, almost without medical aid; but this was not until the case had been of nearly a year's con-

tinuance. It was impossible to ascertain the fact, but from the entire absence of *all other causes*, I had no doubt of the existence of some improper habits.

Had I been as familiar with this symptom as I now am, I should have regarded it as a mark of an exhausted nervous energy, and should from the beginning have ordered her to take the air every day. It was certainly one of the most embarrassing cases I ever met with, and I have since met with others equally unmanageable; but they all occurred previously to my acquiring a knowledge of the true cause of the symptoms.

It is very possible that others may be familiar with these symptoms and their cause, but I do not find any satisfactory description of them in the authors, where I thought it most likely that I should meet them.

Hot rooms, mental anxiety, mental labor, especially writing, any haste or hurry, and all venereal excess, I have observed to be particularly apt to produce this state of things; as in clerks in offices and stores too much heated, girls in factories, &c.

The direct and effectual remedies are a rich nutritious diet, careful avoiding all the causes, and constant and *fatiguing exercise* in the fresh air. In myself I have found the exercise of rowing early in the morning to furnish an entire remedy.

From the circumstance of the hoarseness at-

tending it, I have no doubt that this state of the system may often prove the precursor of pulmonary consumption. And this danger can be guarded against only by the prompt abstinence from every thing which is found to exhaust or debilitate. It is in cases of this kind, that I have found the diet of fresh eggs, recommended at p. 24, to be especially serviceable. Rich beef or turtle soup, or rich stews of any kind of tender and nutritious meats, and especially rich chocolate, I have found to be of the greatest service, as conveying a very strengthening nourishment in a small bulk. The efficacy of the latter article is in some degree explained by the fact, which I but lately learned from Messrs. Delmonico, chocolate manufacturers in this city, that the cocoa contains a butter or concrete oil, in quantity more than sufficient to make the best chocolate. So that the animal oils, soap, &c. which are added to the cheaper and more common kinds of chocolate, are made use of only because the manufacturers do not choose to use a sufficient quantity of cocoa, but substitute flour and other substances, to render it a cheaper article. Mr. D. exhibited to me a cake of this butter of cocoa in its pure state, nearly resembling hard white soap in its appearance. I cannot refuse myself the pleasure of recommending to all who love good chocolate, and to persons whose systems require a stimulating nourishment, the chocolate manufactured by Messrs. D. I have also found Welsh's No. 1, from Boston, to be nearly equal to it in quality.

And while I am recommending an article as wholesome to persons of the above description, I feel obliged to enter my protest against three articles in almost universal use, as in the highest degree injurious: viz. strong coffee, green tea, and tobacco. It must be remembered that these observations are addressed to persons of *an exhausted or debilitated nervous system* only: but it is well even for those in good health, to call to mind the homely proverb, "that the pitcher may go nine times to the well, and be broken at last." All proverbs are, moreover, the recorded results of popular experience. But to persons whose nerves are debilitated or exhausted by early excesses, by care, anxiety, or fatigue, the above articles are among the most deleterious that can be mentioned. Those in whom strong coffee at breakfast produces an irritable temper through the day, or coffee or green tea cause sleeplessness at night, may be assured that those articles are exerting a pernicious influence upon their nervous system. They are exciting that which needs repose, and weakening the very part of the system which is already deficient in strength.

The same may be said of those who find tobacco, whether smoked or chewed, to produce palpitations, nausea, or dizziness—for all these are evidences of a direct attack upon the nervous system.

To avoid the injurious effects of these so agreeable cordials, let the coffee be diluted with

an equal quantity of milk, let black tea be substituted for green, and let tobacco be wholly abstained from, and they will soon find how much they are gainers by the change.

Those who *do not know that they have a stomach or nerves* by any feeling they have ever experienced, may be allowed to judge for themselves, but they must not be suffered to regulate the diet of those, whose stomachs are good for nothing, and whose nerves are all unstrung.

Let people who are in health, live as they list, but invalids must live as they may, or they will certainly live to see and feel their mistake. And those, who in spite of dyspepsia, disordered nerves, restless nights, and irritable tempers, still choose to indulge in hot strong coffee at breakfast, and in strong green tea or coffee at night, or in tobacco at any time, will be fortunate if they are permitted *at last* to see their error, and to learn wisdom, even at their own expense.

PULMONARY ABSCESS,

TERMINATING BY EXTERNAL OPENING.

CASE 9. When first called to see Miss K., the subject of this singular case, aged about six years, I found her in the following situation.

She had hectic fever, perfectly developed, recurring in daily paroxysms, the pulse was almost too frequent to be counted, she was much emaciated, had constant cough, with copious purulent expectoration. Upon the left side of the chest were three or four fistulous openings, viz. one about two inches below the left axilla, upon the side, and two others in front, between the third and fifth ribs. They were covered with thick, horny scabs, half an inch or more in thickness, which were formed by the drying of the matter that was discharged from the sinuses. These scabs were succeeded by new ones, which continually formed, as the old ones were removed or thrown off, and there was a constant discharge of thick matter from all the orifices. She had been several months in this state, and had been under the care of other practitioners, who had left her, or been dis-

missed, (it is forgotten which,) because the case was regarded as incurable. During the year previous, she had had the whooping cough very severely, and afterwards experienced a severe attack of inflammation of the lungs, terminating in a profuse discharge of purulent matter by expectoration, and in the formation of these openings, from which pus had constantly been discharged. Some time after the last attack, she threw up, in coughing, a common white bean, which bore the mark of having been long soaked in matter; and which her friends regarded as having been the cause of the disease, by lodging in the bronchia.

Upon examination with the stethoscope, I found the right lung to be still sound, presenting only a mucous rattle, which led me to hope that she might yet recover. The right side was sonorous upon percussion, but the left gave an obscure sound in every part, and was much contracted in size. Respiration could be heard in but a very small portion of the left lung, but a distinct pectoriloquy in various parts, corresponding to the external openings; while the remainder seemed to be perfectly solid. Here, then, had been a pulmonary abscess, of which nature was effecting a cure, by adhesions to the chest, and spontaneous openings.

I ordered her a nourishing diet, and put her upon the use of pills, prepared according to the following prescription.

R. Pulv. Gum. Myrrh. ʒss.
Sulph. Quin. ʒj.
Sulph. Ferr. gr. x.
Muc. Gum. Arab. q. s.
Ft. Mass. in pill. no. xx. dividenda.

Of these she took two or three daily, and continued their use until she was quite restored. The paroxysms of hectic soon ceased, the expectoration, and the discharge from the ulcers, diminished; she began to recover her appetite and flesh, and in a few months was able to play about with activity.

At the last time of my seeing her, the ulcers and scabs were much diminished, and the expectoration only occasional; being found to increase with a cold, or any change in her general health. She continued under my eye for a year or two, grew stout and went to school, enjoying good health, although the whole process of removing the diseased lung was not yet completed.

This was the only case of the kind I had ever seen, when I met with Mr. B., a stout farmer in Pennsylvania, who had been himself the subject of a similar cure; and whose case was briefly stated to me by a medical friend, who attended him. He was attacked with severe inflammation of the lungs, which terminated in pulmonary abscess of the right lung, attended by all the common symptoms of an approaching fatal result. He continued for some weeks in this state, when the abscess pointed at the lower

part of the chest, upon the right side. It opened spontaneously, and great quantities of pus were discharged; the orifice gradually closed, his strength was restored, and he remains, (perhaps now ten years,) a stout, healthy man. The right side of the chest is somewhat smaller in dimension than the left, but otherwise he is well.

Why the orifice should so soon have closed in this case, and have remained open so long in the other, I am unable to say, unless that in this case the abscess opened at the most depending point, thus keeping free of matter.

A L T E R A T I V E T R E A T M E N T

IN CHRONIC PULMONARY COMPLAINTS.

CASE 10. In November, 1832, I was called to see Mrs. S. J., an English emigrant, who presented the following appearances.

She was exceedingly emaciated, her skin was bedewed with a clammy, moist sweat, her pulse was constantly one hundred and twenty or upwards, she had, at times, a hectic flush upon the cheek, and a continual cough. During the day and night, she expectorated a quart of watery fluid, on the top of which floated sputa of thick, purulent matter, which remained suspended upon the more fluid part, with ragged ends and portions below. She had no appetite, and ate but little. She was wholly confined to her bed.

I learned from her that she had been confined a few weeks previously, had lost her infant, and was not yet wholly recovered from the weakness naturally consequent upon child-bearing. Her voice was whispering and hollow. She had an attack of pulmonary inflammation a week or two before her confinement, which had

resulted in her present state. For this she had been bled and blistered. Several of her connexions had died of consumption.

Upon a slight examination with the stethoscope, I could find no distinct pectoriloquy, but still I considered it a case of consumption, and nearly hopeless.

As there was some pain in different parts of the chest, I applied small blisters, which had the effect of removing it. Rather with a view to comfort her, than from an expectation that it would be of much service, I ordered the following powder to be given every fourth hour, which was continued with more or less regularity for at least six weeks.

R. Pulv. Nit. Potass.	}	aa gr. iv.	
Pulv. Dover.			
Pulv. Scill.			gr. j. Ft. Pulv.

After taking a few doses, it was found to operate upon the stomach as an emetic, and as I did not desire this, I directed her to take but half a powder, and to repeat them rather more frequently. To check the profuse perspiration, I directed a few drops of elixir vitriol, in water, which soon had the desired effect.

At the time of commencing this treatment, the expectoration amounted to four rather small half-pint tumblers, perhaps a wine quart, in the twenty-four hours, being most copious at night. After about four weeks, she was removed to the country, at which time she was able to sit up most of the day, the skin had become nearly

natural, the pulse much reduced in frequency, the expectoration less than a tumbler in the day and night.

As I had no expectation of meeting her again, I took leave, impressing upon her mind the probability of a recurrence of her symptoms, after a few weeks. But to my surprise I met her in town a month after wholly well, her cough was gone, her strength almost entirely restored. And subsequently I saw her in the street, returned from a long walk, and reporting herself quite well.

She had taken several parcels of the powders with her to the country, which she had continued to take daily, until the cough wholly left her.

Her disease, I consider to have been a suppuration upon the pulmonary mucous membrane, attended by chronic inflammation of the substance of the lungs.

A similar mode of treatment I have frequently pursued in chronic inflammation of the pleura, and in hepatization of the lungs, without much regard to the character of the expectoration.

True consumption I regard as wholly incurable; and any form of chronic irritation or inflammation about the chest, I have found to yield to a persevering continuance of the above treatment. Its peculiarity I conceive to consist in the extreme smallness of the dose, the above prescription being the largest powder; the dose being often less than half that here given.

When there is any reason to fear injurious effect from the Dover's powder, I make use of two grains of ipecacuanha in its stead.

I have often been quite at a loss to understand the *modus operandi* of this treatment, for it appears to produce an accumulating effect, if I may so term it, the stomach becoming daily more sensible to its operation, instead of becoming less so. This is rather the reverse of what we generally experience in alterative medicines long continued, as the cicuta, for instance, and others, of which the dose requires to be constantly increasing, as the system becomes gradually less sensible of its operation. But in using this prescription in the treatment of chronic inflammation, I have observed that a constantly diminishing dose produced an equal effect.

It produces the combined effect of quieting the cough, lessening the expectoration, and diminishing the frequency of the pulse, as in the above case.

I believe the cough-pill of some practitioners consists of nearly similar ingredients, but otherwise I have been inclined to regard this simple alterative mode of treatment as rather peculiar. This may result, however, only from my ignorance of the practice of other physicians.

In similar cases of chronic suppuration of longer continuance, as of several years duration, I have found very happy effects from the dry vomits long continued, as in one case, to the extent of thirty emetics. In this instance the

disease had been of seven years duration, and there was distinct pectoriloquy in the medial and upper portion of the lung. The subject of the case, a stout fisherman, persevered in the use of the emetics, until he assured me that they became so odious, that upon seeing his wife go to the closet for the powder, free spontaneous vomiting was produced. He was enabled within the year to return to his laborious occupation.

The emetic used consisted of equal parts of sulphate of zinc and ipecacuanha, from eight to twenty grains of each.

In another case, which had been of many years duration, and which was regarded as a case of consumption, but which I did not particularly examine, from his residing at a great distance from my house, the same treatment was effectual in removing all his symptoms in a few weeks, *without ever producing emesis*. He took the same powder of about ten grains of sulphate of zinc, with ten of ipecac. which had only the effect of producing a few motions from the bowels, and a very slight nausea, without any vomiting, but entirely restored him to health; removing a cough which had reduced him exceedingly, and had troubled him for many years.—I saw this man myself but twice, once when I prescribed for him, and once after he was quite restored to health.

P R O C I D E N T I A U T E R I .

CASE. 11. The subject of the following remarkable case was a woman about fifty years of age, the mother of several children. She had been four or five years afflicted with the disease, and had consulted several practitioners, who had assured her that her case was incurable.

Upon inspection, I found a large tumor depending from the place where the vagina should have been, and resting upon the thighs. It was of an oval form, hanging in the direction of its longest diameter, and was about thirteen inches in circumference. At the bottom was a transverse orifice. Upon examination, it proved to be the vagina, wholly everted, containing a uterus slightly enlarged, at the bottom; the remainder constituting a large sac filled with intestine, and quite soft. From long exposure to the air, the once internal but now external surface, had become quite dry and rough. As the orifice of the sac seemed to be quite large, I felt assured that the whole might be returned into the abdomen, although it would not, perhaps, be so easy to keep it there. -

Placing her upon her back, with the hips a

little elevated, I embraced the tumor with both hands, and by a little firm pressure, thrust the whole sac and contents into their natural situation. A very large sponge was then introduced, which was supported by a common bandage. She at first experienced some difficulty in applying the bandage so as to keep the sponge in place, and the uterus descended a little; but never so as to appear externally, and by increasing the size of the sponge, it was kept tolerably in place.

I may here remark, that after many trials of pessaries of various kinds, I have been led to prefer the sponge, as the best and most convenient. The patient should be furnished with two or three, and they should be changed daily, those not in use being immersed in lime water, which keeps them perfectly free from unpleasant odor. It has the advantage, that the patient can remove and apply it herself, without the least difficulty, thus saving her the pain of many examinations, &c., which cannot but be disagreeable in the highest degree. They can be every where obtained, easily fitted, and as easily replaced; nor have I ever found them to fail in keeping the organ in place, if they were properly selected and applied. I have made frequent trial of pessaries of various other descriptions, and have found them very liable to become displaced. I have also found, that it required no common degree of skill to fit them; while any

one can judge of the dimensions of a piece of sponge, requisite to fill a given cavity.

For country practitioners, and for those whose practice and experience are but limited, I esteem the sponge pessary by far the best. For I have known very respectable physicians to make the most bungling work, in their attempts to cure this very common complaint. In the country, especially, other pessaries are difficult to procure; and to prepare a substitute, demands a mechanical turn, and a degree of ingenuity, not ordinarily possessed. But a soft sponge is always at hand, and is easily fitted and introduced, and a little loop of tape upon one end is all the preparation it needs for successful application. The sponge should be boiled in water, to free it from all impurities, and especially from any remains of the acid in which it was originally prepared.

I may be permitted to remark, that sufficient regard is not commonly had, in the education of students, and in the writing of medical works, to the unavoidable simplicity of country practice. The materia medica of the country physician is, of necessity, almost confined to the contents of his pocket, and his surgical apparatus to his pocket case of instruments; it is, therefore, much more important to him, to be taught to simplify his practice, than to depend upon articles which it is hardly in his power to obtain. And, it is far better for his patients, that he should learn new ways of using old and simple remedies, than

be always looking after something wholly new and untried. In truth, the more simple the practice of any physician is, the better is it, both for his own reputation, and for the safety of those committed to his care.

INVERSION OF THE UTERUS.

This accident generally occurs after the birth of a child, at or near the full period of uterogestation; and it is perhaps generally due to some neglect or mal-practice on the part of the attendant.

The following is an instance of its spontaneous occurrence after a miscarriage in the third month only.

CASE 12. I was called to Mrs. K., who was a patient of Dr. Tho's. Boyd, and who had suffered an abortion, being, as she supposed, in the third month. As there was not much hemorrhage, I left her, apparently doing very well, and expecting, as a matter of course, that Dr. B. would be called to her. This was, however, neglected, and the next day I was called in haste to see her again. They then informed me, that upon getting up to evacuate the bladder or bowels, she had felt something come down, and was much alarmed. Upon examination, I found a soft substance filling the os uteri, and extending perhaps about an inch into the vagina. Now this might be either a coagulum of blood, or it might be the placenta retained, or an inversion of the uterus. By the touch

alone no satisfactory information could be obtained. She complained of much pain, and it was long before I could ascertain among her attendants, whether any one had seen the fœtus or the placenta. Amid this very painful uncertainty, I endeavored, as the uterus was low in the pelvis, to get a view of the substance, but found this was impossible. At last a female was found who had seen a small fœtus, of an inch only in length, and the whole placenta. I then made another careful examination of the parts, and found the os uteri closely constricted about the substance which filled it, and made up my mind, that the uterus was partially inverted. —All attempts to replace it were found unavailing; a full opiate was given, and she was left to rest for the night; in which Dr. B., who came in just after, acquiesced, as the only proper mode of proceeding; and in the morning he restored the displaced portion to its place without difficulty.

As I found the diagnosis of the case extremely difficult, I thought it important to preserve an account of so singular an accident. — For it is evident, that any attempt to have extracted this apparently foreign substance, under the idea that it was a coagulum, which, to the touch, it perfectly resembled, might have been productive of the worst consequences to the patient.

CHRONIC INFLAMMATION OF THE UTERUS.

There is perhaps no complaint among females which is so frequently overlooked as this. The symptom which most arrests the attention of the patient, viz., the watery discharge from the vagina, unfortunately but too often receives all the attention of the physician. Whereas it is in fact a mere accidental circumstance, of little consequence, either as an object of regard or medical attention. These cases are too often treated empirically as cases of Leucorrhœa; and the physician, unwilling to take trouble or to distress his patient, who is usually both delicate and nervous, omits the only sure way of gaining knowledge of the state of the womb, a manual examination. The first of the following cases offers a sad instance of neglect of this kind; and I doubt not that many females suffer from lingering disease, which might have been prevented or easily cured, if the attendant had possessed an entire knowledge of the case. It should therefore be laid down as a rule, *to treat no chronic complaint of the uterus or vagina without a satisfactory examination.*

CASE 13. Mrs. C. the subject of this case, was a young married woman, the mother of

one child. She had been married about five years, and was of a delicate constitution. She had been for a year under the care of her family physician, a very respectable practitioner, who had been treating her for leucorrhœa, by the use of various local and constitutional remedies, as injections of white vitriol, green tea, &c., and with sulphate of quinia, sulphate of zinc, isinglass, &c., as general remedies. — During the greater part of the time she had been getting worse, and during the whole attendance he *had never proposed an examination.*

At my first visit she presented the following appearance. She had been wholly confined to her bed for five or six weeks, was very much emaciated, pale, and bloodless; she had daily paroxysms of fever; the pulse was very frequent, the skin of a dingy yellowish color, and the urine high-colored and scanty. She complained of a constant and debilitating discharge from the vagina, of much pain at the lower part of the abdomen, and in the back; her stomach was very irritable, would bear but the lightest food, and she complained of much uneasiness in the epigastric region. Upon examination per vaginam, to which she readily consented, I found the os uteri, and, in a less degree, the whole body of the organ, exquisitely painful. It was at once evident that the complaint was a chronic inflammation of the uterus, and that the stomach, the liver, and the general health,

were all deranged, from sympathy with the local disease.

I put her at once upon a light, and chiefly fluid diet ; the use of the blue pill at night, and a Rochelle powder the following morning ; which treatment was continued, until the stomach and liver were restored to a more healthy action.

The following plan was then resorted to for the purpose of removing the original source of the complaint. She was cupped daily upon the hypogastrium, until all pain on pressure was removed ; was ordered to sit in a warm hip bath every evening, as long as her strength would admit, and to use frequently, during the day, an injection of warm decoction of poppy heads. She was put upon the use of the extract of cicuta, (Con. Mac.) in doses of four grains, repeated three times daily, and with directions to take as much as she could bear without nausea or dizziness. Every third day she took a sufficient quantity of Rochelle salts to operate three or four times.

The cupping was continued for about two weeks, the bath for about six, and the remainder of the treatment until her strength was fully restored, and the uterus would bear pressure and pinching without pain. In about four months she was able wholly to discontinue her remedies ; the menses returned, and she became pregnant. She was safely delivered, and continued to do well, although she remained slender.

CASE 14. Mrs. D., a colored woman, had been affected with complaints of this description for five years; but, owing to her extreme diffidence, had never consulted a physician. She had been married about seven years, but had no children. At the time of my seeing her, she was very much in the situation of the last patient, with the following remarkable differences.

She had constant severe shooting and lancinating pains, which extended from the region of the uterus up the left groin and hip. The vagina and labia were excoriated by a constant acrid discharge, so that her neighbours falsely suspected the origin of her complaints;—there was a most intense pruritus about the vagina, and so sore were all these parts, that the introducing a finger into the vagina caused her to grind her teeth with anguish. The whole womb and vagina were found to be exquisitely tender and painful. There was here great reason to fear that the disease had passed on to a cancerous state. She was, however, put upon the same treatment as the last patient, and not finding any relief to her pain from the cicuta, the extract of hyoscyamus was substituted, of which, at the time of my leaving her, she had taken nearly one quarter of a pound. This was in the course of three months.—The symptoms gradually gave way, the tenderness and pain subsided, the menses returned, at first with much pain, but subsequently without, and in a few weeks more she was enabled to perform all her domestic

duties, carefully, however, avoiding the marital concubitus :—at the end of three months, when she discontinued the hyoscyamus, she was quite well, and has since gone to Virginia.

In this case, the extreme acridity of the discharge, and the consequent burning and itching, gave more inconvenience than any other symptom.—The free use of lapis calaminaris, in impalpable powder, was found to afford the most relief from this inconvenience. — This symptom, however, disappeared with its cause, and she was enabled to walk out and to take exercise, which she had long been unable to do.

CASE 15. The disease, in this case, was of longer continuance than in either of the others, and was of a much more obstinate character. The subject of it, a town pauper, was a woman of very bad habits, who had led a very dissolute life, and of whose folly this was probably the fruit.

The case was complicated with great enlargement and prolapsus of the womb, and was rendered remarkable by the occurrence of frequent abscesses in the substance of the uterus, or some of its interior dependencies, with discharge of much fœtid matter per vaginam. — These abscesses she had been subject to for many years, and seemed quite familiar with them. The uterus was enlarged to about double its natural size, and was kept in place by a pessary, of her

own construction. Her complaint was at last wholly overcome, by the long continued use of the cicuta. She was subsequently married, and became the mother of a healthy child.

CASES ILLUSTRATIVE

OF THE

NECESSITY OF ALCOHOLIC MEDICINES.

I give the two following cases as illustrations of happy effects resulting from a bold and decided practice in extreme cases, and also as proofs of the indispensable necessity of using alcohol and its preparations, under certain circumstances.

*Case of Tetanic Spasm suddenly removed by
Laudanum, &c.*

CASE 16. On Monday evening, just at night, I was called to see the daughter of J. D., aged about eleven years, who was said to be dying. On inquiry I found that she had, in the forenoon of the day previous, fallen about twenty feet from the girder of a barn, across which she and other children were walking. In falling, she struck directly upon her chin, the head being violently thrown back. By this, the muscles of the neck, and the abdominal muscles and diaphragm, had been very much strained. She suffered excruciating pain, and was very faint during the whole day. A learned quack, who

was called in, prescribed calomel and jalap; and finding the next day that, notwithstanding his most judicious practice, spasms were coming on, he consumed the day in sending an express for Balsam of Life, which, he assured the friends, was infallible. Fortunately, they chose not to wait its arrival.

Upon entering the room, I found her extended upon the bed, almost without pulse, the skin cold, the lower half of the body and the inferior extremities perfectly fixed and rigid with spasm, in which state they had been for several hours. She seemed nearly exhausted, and said that all the objects in the room began to look green. I had about half an ounce of laudanum in my pocket; and knowing there was not a moment to be lost, I mixed it with a glass of hot whiskey punch, very strong and hot, and in a few minutes got her, although with great difficulty, to swallow it all.

In a very short time her pulse began to improve, her skin to become warm; she said things returned to their natural color, and the rigid extremities became relaxed. In a word, in twenty minutes from the giving the medicine, she was out of danger, and I mounted my horse to return home. She recovered rapidly, suffering only from a stiffness of the joints of the lower jaw, naturally consequent upon so severe a blow.

Now I ask the most bigoted opposer of alcohol, what, in such a case, could by any possibility have been done without it?

*Case of Tympanitis cured by Alcoholic
Medicines.*

CASE 17. I was called at bed time one evening to see a child in the neighbourhood, in its third year, ill with severe complaint in the bowels. I found it laboring under tympanitis of the most complete character. It had been troubled for some weeks with disordered bowels, and on this day the discharges had ceased, and the bowels began to swell. At the time of my seeing it, I found the abdomen enormously distended, so that it was almost spherical; it was hard and tense as the head of a drum, and the skin was stretched, until it was almost of a polished smoothness. Its pulse was exceedingly frequent, and its countenance indicative of the greatest anxiety.

Judging, from the degree to which it had been reduced, that there was very little danger of inflammation, or of any medicine doing harm from its severity of operation, I ordered it at once the following prescription, of which a tea-spoonful was directed to be given every fifteen minutes.

R. Tinct. Aloes, Soc.	}	aa ʒss.
Tinct. Rhei.		
Tinct. Cinn. Comp.		ʒj.—Mx.

At the same time I ordered a saturated tincture of cloves and pimento to be prepared with hot brandy, and flannels wrung out of this to be

rolled firmly round the abdomen. These were directed to be kept wet with the hot tincture, and drawn tighter as the wind should be discharged. This treatment was commenced at 11 P. M., and by 3 A. M., or in about four hours, the wind began to be discharged from the bowels with great force, and the bowels to be freely opened. In a few days it was well, and had no return of the complaint,

One such case is worth more than volumes of declamation about alcohol ; and I trust the young practitioner may learn, from these two cases, the safety of a bold and decided practice in all similar cases. For it is certain that the patient will soon sink under the disease, and it is only the very boldest treatment that can give any chance of success. If he waits to think how much he may do without incurring the risk of censure, or what treatment will be safe at all hazards, or in what he would be sustained by the opinion of others, he will, probably, but seldom enjoy the exquisite satisfaction that results from saving the life of another, under circumstances of imminent danger

D E L I R I U M T R E M E N S .

This peculiar disease I believe to be, in its first stage, wholly a disorder of the nervous system. Watchfulness is its most distressing symptom; it may be almost said that it is the whole disease, for if sound sleep can be procured, the disease is at an end. With sleep, all the peculiar hallucinations, that so torment the patient, vanish. One of the following cases, however, presents a very remarkable exception to this rule. In this instance, a full recollection of the disordered perceptions of the delirium, and a full belief of their reality, remained for several days after sound sleep had been procured, and after the patient had wholly recovered the use of his reason in all other respects; thus presenting a case nearly bordering upon common monomania.

The other case is remarkable, in having occurred in a person who was not known ever to have been intoxicated, but who acknowledged that he used spirits freely. He was steady, industrious, and respected, but used to take spirit and water very freely.

I have had greater opportunities of observing

this disease than falls to the lot of most practitioners; for while I resided in the Alms House Hospital, in Philadelphia, there were thirty-eight cases treated, of which thirty-one were cured. The treatment generally pursued in that Institution was, the frequent repetition of emetics, as recommended by Dr. Jos. Klapp, then a physician to the house. The above success is certainly very remarkable, if the class of people occupying an Alms House Hospital is considered. Since I left the hospital, however, I have uniformly adopted the treatment detailed in the following cases, and with uniform success; having lost but one patient of this disease, and that was a man who was almost apoplectic when I first saw him.

The practice here detailed is that uniformly pursued in the Pennsylvania Hospital, and recommended by Dr. B. H. Coates, in a paper on the subject in the North American Medical and Surgical Journal. I have always used the same dose, when called at the commencement of the attack, and have never found the slightest ill effect from so free a use of opium, having always found that the patient awoke rational from the first continued sleep.

CASE 18. A gentleman of rather free habits of living was attacked with insomnia and loss of appetite, after some excess in wine, combined with much mental anxiety. During the night previous to my seeing him, he had been

much disturbed by seeing persons perched upon the surrounding houses, who were singing ludicrous songs, of which he had himself the misfortune to be the hero. It is worthy of remark, as connected with his subsequent belief of the fact, that they were in situations wholly inaccessible to human feet. His room was filled with imaginary persons, whom he also pursued through the house. Many other things, equally unfounded in truth, kept him busy through the day following. Any visible object, as he was near-sighted, was at once converted into some wonderful creature of the imagination. I was often mistaken for another person myself.

When called to him, at day-break, I found him trembling, wild, and incoherent, and busily pursuing a supposed black boy about the room, at the great risk of limbs, chairs, &c. His pulse was full and active, but not hard. I put him at once upon the use of ten grains of powdered opium, repeated every four hours, and which I administered myself. He continued wild and restless until night. The false perceptions diminished in the course of the day, but still continued partially the next day. With the exception of one subject, however, the hearing the sounds above described, he became quite rational by eleven o'clock P. M., at which time he had taken fifty grains of opium. He slept part of the night well, and remained quiet in his room the next day, and for ten days after, without an attendant. As his perceptions were still

disordered, I continued the opium, until he had taken ninety grains in a little over thirty-six hours. Even this dose failed to produce sleep of more than a few hours continuance. The third day his perceptions were wholly correct, but he retained, at that time, and for several days after, *a full belief of the reality of all the events of his delirium, which he recollected with the utmost minuteness.* During these days he also became hungry and ate well. This peculiar condition of the intellectual faculties I have never met with before, either in delirium from intemperance or from fever. He could give all the details with the utmost distinctness and particularity; and was so convinced of the entire reality of even the most grotesque of his inventions, that I avoided mentioning them after a few days, fearing it might have some tendency to terminate in mania, and that these recollections might conduce to its development. This state of things continued after he had so far recovered as to attend to business, and amuse himself with books.

It may be doubted by some if this were a case of delirium tremens, but I think I never saw its symptoms more perfectly developed than during the first twelve hours of my attendance. From that time the effect of the opium began to appear, and the disease to subside. He continued to attend to business from that time with undiminished capacity.

CASE 19. Mr. J. had been under my care for a week or ten days with an attack of pleurisy, for which he had been freely depleted, and from which he was convalescent, when symptoms of delirium tremens suddenly came on. Sleeplessness and visions of cats were his constant trouble. He was a very stout and perfectly healthy man, but whose high color indicated the presence of ardent spirits. As he was never affected by it perceptibly, his family were quite indignant at the suggestion of the true nature of his new symptoms, and were about to discharge me upon the spot. They maintained that it was a metastasis of the fever to the head. After much persuasion, however, they consented to the administration of the opium, which was given as above. After the third dose he fell into a sound sleep, which continued thirty-six hours, and from which he awoke perfectly rational, and became rapidly convalescent.

The result, I believe, convinced the patient and his family, that a *man might have delirium tremens who was not a drunkard*; thus affording another inducement to all, to hasten the abolition of the free or common use of ardent spirits.

W A T E R Y C O U G H .

In persons of a phlegmatic temperament, and a soft, relaxed habit of body, I have met with several instances of very troublesome but not dangerous affection, to which I have given the above name. It is so peculiar, and so easily removed by appropriate treatment, that I have thought it worthy of record, although it is perhaps only a disease of personal idiosyncrasy.

CASE 20. Miss A., a young lady aged about twenty-four, very tall, and of a remarkably loose, soft texture of the solids, consulted me on account of a cough. She esteemed it to be a common cold only. She did not cough during the day; but, upon lying down at night, she found her lungs oppressed by a load of mucus, which kept up a continued irritation and disposition to cough. The cough was attended by a copious expectoration of thin, watery mucus, of which she frequently raised a pint during the night. It was a perfectly colorless, homogeneous fluid, rather ropy, and came up with the greatest freedom; but from her delicacy of habit, and from its excessive quantity, it produced great debility. I regarded it as a merely mechanical draining of the fluids from weak lungs,

and determined to try the effect of strong astringents. I therefore ordered her the compound pills of quinine, of which the formula will be found at page 35, which she took four times daily, together with five doses of the muriatic acid. The effect was immediate; the expectoration was lessened by one half on the second day, and in a few days ceased entirely.

CASE 21. The subject of the case of chronic rheumatism, Case 3, was excessively annoyed by a similar cough, which always attacked him when lying down, and kept him from sleeping many nights. I put him upon the use of the same pills, and with such effect, that he assured me the cough disappeared from the first day of their use.

I have since met a cough, apparently wholly similar, in a delicate infant of a few months old, whose lungs seemed to be inundated with the secretion from their mucous membrane. A similar prescription, in a fluid form, and in proportionate doses, had the effect of putting a stop to it in a very short time.

As there are many who apprehend danger from the sudden check of any cough by the use of astringents, I have thought that these cases would point out an instance in which it is perfectly safe to check the discharge as soon as possible, it being one of pure mucus only, and apparently proceeding from a merely relaxed state of fibre and constitution, a form of debility

I N F L U E N Z A .

This disease has generally been termed an epidemic catarrh. But the influenza of February and March 1826, as I saw it in Pennsylvania, might rather be called an epidemic Proteus; for it attacked every organ, from the top of the head to the diaphragm. In some cases, it appeared as a simple catarrh; but in others, it seized upon other parts than the mucous membrane. In one female it produced enormous and most distressing enlargement of both the parotid glands, from which she obtained no relief until they had suppurated, and the inflammation was carried off by a profuse purulent discharge from the ears.

In a man of about forty, it seemed to affect the heart itself; producing a most intense pain in the centre of the chest, with a hard cough, and powerfully excited pulse, upon which bleeding and blisters seemed to have no effect. He died upon the fourth day, not having found the least relief from any of the means used. I have to regret, that, in consequence of a misunder-

standing, I did not see him until the third day of the disease. In a female, whom I saw afterwards in another section of the country, it produced a suppuration of some of the frontal or nasal cavities, with a subsequent discharge of many portions of bone, and which caused an illness of several weeks. In others, it took the form of simple pleurisy; but by far the most interesting case, and which was one of the most appalling forms of disease I ever witnessed, was the case of the Rev. Mr. Barbary, a Methodist preacher.

CASE 22. In this case the inflammation seemed to fix upon the pleura, covering the lower part of the chest and the diaphragm.

I had been attending him for several days, and the disease seemed to be abating under the use of free depletion, &c., when, upon visiting him at night, I found him presenting the following appearance. He complained of acute pain just above the epigastrium, and shooting through the breast. His countenance indicated the greatest distress and anxiety. His pulse was very frequent and hard. He had a convulsive hiccough, which returned with every respiration, and at every return of which he groaned, or rather screamed with pain, so loudly that he could be heard many doors off. The diaphragm seemed itself to be the seat of inflammation, and its convulsive motion caused the most agonizing distress that I ever witnessed.

Thinking it impossible that he could live many hours without relief, I had my horse put up, and staid the night with him. Here was a double indication to be fulfilled, requiring almost contradictory means of cure. The highly acute inflammation was to be subdued, which could be effected only by the most active depletion; and, on the other hand, the spasm of the diaphragm was to be relieved, which could only be brought about by the free use of the most powerful anti-spasmodics. I immediately opened a vein, and took as much blood as I thought the pulse would bear, and at the same time administered a mixture of laudanum, ether, and oleum succini, in doses of a tea-spoonful, every few minutes.

The violence of the pain continuing unabated, the vein was twice re-opened in the course of the night, and blood to the amount of not far from four pounds was taken, while the mixture above mentioned was continued. I was, indeed, obliged to administer this with one hand, while I directed the flowing of the blood with the other. By this powerful combination of remedies, he obtained entire relief in about eight or ten hours, and I had the pleasure to see him, in a few weeks, restored to his labors.

Had I bled him less, the inflammation must soon have terminated in gangrene; and had I been fearful of using a sufficient quantity of the anti-spasmodic, he must soon have sunk

under the mere violence of the pain, which was certainly the most acute I ever witnessed. Such cases are, fortunately, rare; but furnish, when they do occur, the most brilliant trophies of the medical art; and, in success, a most satisfactory reward.

ILEUS CURED BY CROTON OIL.

CASE 23. Mr. P., a laborer, aged about 50, of intemperate habits, was suddenly seized with vomiting and purging, after drinking very freely of small beer while much heated. I did not see him until the subsequent day. The discharges from the bowels had then stopped, he had great pain in the bowels, and constant vomiting.

All the common means were resorted to for the purpose of quieting the stomach, both external and internal, without the slightest relief. The bowels were obstinately closed, and medicine, in every form, was instantly rejected. He continued in this state for several days, and, upon the third day, the fluid discharged by vomiting became decidedly stercoraceous, as tested both by the smell and taste. Finding all the usual means wholly to fail, I determined to make trial of the Croton oil. This was administered in doses of at first one, and afterwards of two drops, until he had taken ten drops. After a few hours the vomiting ceased, and small discharges took place from the bowels of bright yellow matter, like the stools of an infant, which

continued for a couple of days, becoming at last very copious. The pain then subsided, and a rapid convalescence succeeded. It was remarkable, that the operation of the oil caused very little griping or pain.

Bleeding, blisters, sinapisms, injections, calomel, and opium, were tried in every form without the least effect. I regret that I did not take particular notes of this very interesting case; but, if I remember aright, the vomiting of fecal matter continued at least one day, I think, during a portion of the second. It was about five days from the attack before he got entire relief.

I embrace this opportunity to recommend an application, which I have always found in the highest degree serviceable and convenient, in all painful complaints of the bowels, when not attended by inflammation. It is the frequently repeated application of dry hot salt, which is folded up in a towel or napkin. This is always to be had, it is soon heated, and has this great advantage over hot fomentations, that it does not leave the patient wet and cold after his pain is relieved. By keeping two napkins in use, the salt for the one may be heated while the other is applied, and thus a constant succession kept up. In all cases of colic, the heat gives relief, almost from the first application, and is by far preferable to any mode of applying heat, whether dry or wet, that I have ever made use of.

CASE 24. The subject of the following very interesting case I did not attend, but was present at the examination of the body, at the request of the late Dr. Prescott, of Newburyport, for whom I made the dissection.

The subject, a lad about five years of age, died of inflammation of the bowels, of a few days' continuance, immediately produced, as we found, by the strangulation or stricture of a portion of the jejunum by a membranous band, the result of inflammation during a previous attack.

He had a severe attack of inflammation the year previous, from which he recovered, and was well for more than a year; nothing appearing, to indicate that the disease had left so dangerous a consequence. During the present attack, it had been found impossible to make any medicine pass through his bowels, there appearing to be evidently some obstacle unknown, which defeated the power of the most active cathartics. After lying several days in this state, the case terminated fatally, with the usual symptoms.

Upon examination after death, the intestines presented, in every part, the proofs of the most acute inflammation, both in this and the previous attack. They were so firmly agglutinated to each other, that in the lower part of the abdomen it was found impossible to separate them. This was, for the most part, the result of the first attack. The surface was also covered with a purulent and caseous secretion, the product of

the recent inflammation. But in the upper part of the abdomen, near the stomach, the intestines were more free from adhesions, which were confined to a few membranous bands and fibres. The small intestine, at its upper part, was enormously distended, of a deep red, and almost purple hue. The cause of this distension and inflammation was found at the end of the distended portion, where, just below the left kidney, a fold of the jejunum was found to be firmly bound down and closely compressed, by a band of false membrane, which passed over it and adhered to the neighbouring parts, as represented in the sketch in plate I., fig. 1. This band was drawn still tighter by the distension of the intestine above, thus producing a perfect strangulation. The resistance here offered to the contents of the bowels, had undoubtedly been the prime cause of the recent attack. Below, the intestines were for the most part firmly compacted together, but still had retained their peristaltic power, as was proved by the oldness of the adhesion, and the fact that he had experienced no difficulty from the state of his bowels before the last attack. How they could continue their functions in such a state, is truly matter of wonder, but it is not a new thing.

I thought the singularity of the mode of strangulation made it worth noting, and made a sketch of it, as seen in the plate referred to.

Should I again have a similar case, or one in any degree analogous, I shall feel much disposed

to try the following mode of treatment, recommended to my notice by Dr. Roberts, of Mobile. He informs me, that in all cases of obstinate vomiting, and irritability of the stomach, he has experienced the happiest results from the use of a large suppository of *solid* opium. This is kept in the rectum until the symptoms are relieved, when it is withdrawn, and the stomach is left in a state of repose. I say solid opium, because he uses a piece of crude opium, which he forms into a suppository with a knife, and which is evidently far preferable to one made of powdered opium with gum, inasmuch as the operation of the first can be checked at once by withdrawing it, while that of the other cannot but by an injection, as the gum dissolves in the fluids of the rectum.

He was so kind as to detail to me the case of a lady who was seized with violent cholera morbus, with cramps and spasms, a few days only after her confinement in childbed. In this instance, a large suppository of opium was almost the only remedy resorted to, and had the effect of putting a stop to the train of distressing symptoms, and leaving her in a kind and natural sleep, after which she rapidly convalesced.

It is one of the great advantages of medical communication, that we are led to see things in a new light, to acquire new modes of practice, or new and valuable applications of well known and familiar remedies. It is for want of this

that we become wedded to a particular routine, and can hardly be brought to do any thing but as we have done it before. Witness, for example, the English and French schools of medicine, and modes of practice, each of which might derive valuable information and correction from the other. For instance, I have seen a French surgeon give *five grains* of rhubarb to check an inflammation that called for twenty grains of calomel and free doses of Epsom salts. His patient died.

Medical men are, perhaps, more apt than all others to be bigoted in their attachment to particular modes of practice, from the circumstance that our science is so much a matter of *personal* experience. Every man naturally prefers his own. What he knows himself he thinks he is sure of, his neighbour's knowledge he is loath to trust. This tendency is much counteracted by the free interchange of personal opinion and experience. It was by the habit of gathering knowledge *every where*, that the late Dr. Rush became so remarkable for the accumulated stores he possessed.* He laid every one

* The following interesting anecdote of Dr. Rush was communicated to me by an English physician, a fellow student of his at Edinburgh. He said that Rush acquired a very commanding influence among the class, and, in particular, in their debating clubs, by the very remarkable stock of *facts* which he had even at that early age accumulated. After others in debate had produced and defended their theories, he generally settled the contest by the producing some obstinate fact which had come under his notice, with remarks of this kind, "Your theory, sir, is very good, &c., but it so happens, that facts have fallen under my observation which prove

under contribution. How different from the proud sciolist, who wishes always to teach, while he feels little desire to learn.

I am aware that the particular mode of practice above referred to is familiar to the pupils of the Broussaian school; but when did rival sectarians submit to be taught by each other?

the contrary." This, of course, settled the point, as no one chose to make it a personal affair, by disputing the truth of his assertion. Thus, he soon acquired such an influence as to be elected the president of the club, although my informant stated, that his observations seemed so beyond his years, that many believed his facts to be fabrications. Still no one dared say this, and Rush remained triumphant in every debate.

S U R G I C A L C A S E S.

AN UNDESCRIBED AFFECTION OF THE EYE.

CASE 25. The subject of this singular case was a lady of this city, who, at the time of its occurrence, was upon a visit to the eastern states. It was at Newburyport that she called upon me. Her account was, that she had left New York just a week before, at which time she had no complaint of the eyes of any kind. She took a severe cold on board the steamboat, causing rheumatic pains, and slightly affecting her eyes. The road from Providence to Boston was very dusty, and her eyes became much irritated from that cause, and the blowing of a cold easterly wind. She remained in Boston two or three days, during which she suffered excessively from pain in the eyes, but took no advice, from fear of detention at that place. The pain in the eyes was excessive, but especially so upon lying down at night, when it be-

came so excruciating, that she was compelled to pass much of the night sitting up, and crying from the severity of the pain. This she described to have been, as if pins or nails were thrust into the balls of the eyes. On Saturday, the eighth day from her leaving this city, she came under my care. Upon examination of the balls of the eye I was surprised to find how little they presented the appearance of inflammation upon their external surface. The pain must have been caused by mere fulness of the eye, as it yielded too easily to treatment to admit the supposition of an internal inflammation. But what constituted the peculiar feature of the case, and rendered it a subject of great interest was, that at the external edge of the cornea of *each eye*, just opposite the outer angle of the eye, there was a small crevice, as represented in Plate I. fig. 2, which occupied precisely the line of junction of the cornea and sclerotica at that part. The appearance was precisely as if an incision had been made by some cutting instrument, penetrating half the thickness of the cornea, and separating the edge of the sclerotica from the cornea. The edge of the cornea at this point was slightly irregular. The separation extended through a space of two lines in length, and was precisely equal in both eyes. From the edge of the sclerotica at this point, numerous small inflamed vessels extended towards the angle of the eye, and were confined to that part alone, as represented in the plate.

The edge of the sclerotica was slightly elevated just at the same point.

The treatment was briefly as follows. As she had not slept for many nights, an opiate was given to procure rest; small blisters were applied behind the ears, and a collyrium directed as follows:—

R. Sulph. Cupri. gr. xii.
Spir. Camphor. ʒj.
Aq. Pluv. ʒviij.
Mx. ft. Sol. pro collyr.

This wash was found to suit the eyes remarkably well, and was directed to be diluted with rain water, as long as it produced any smarting. She was kept for two weeks in a room perfectly dark, as the sensibility of the eyes to the light was excessive. The blisters behind the ears were repeated without giving much relief from the pain, and a large blister was then applied to the back of the neck and between the shoulders, which had the desired effect of relieving the pain and lessening the inflammation. She was at the same time actively purged, and kept upon very low diet. From the drawing of the last blister, the symptoms yielded and the ulcers healed. There remains now, (5 or 6 years after,) a slight irregularity of the cornea at that part, rendering it rather more elliptical than common, the cornea appearing to have encroached a little upon the sclerotica. (See fig. 3.) In about three weeks, she was able to bear the light

and move about, but was unable for several months to make much use of her eyes; she has had no return of the disease.

This peculiar affection of the cornea is not, I believe, described in the works upon the subject. It was certainly a separation produced by the ulcerative process, and probably the consequence of inflammation. It was perfectly formed when I first examined the eye. It was wholly distinguished; it appears to me, from common ulceration, first, by its peculiar situation; and secondly, by its being precisely similar, and similarly situated *in both eyes*. It is almost impossible that this could have occurred in mere common ulceration of the cornea. It seemed a precise separation of the outer layers of the cornea from the sclerotica, following precisely the line of their union.

I regard it myself as an ulceration, produced by distension of some internal part of the eye from the previous inflammation; but whether this distension was in the substance of the cornea, in the anterior chamber of the eye, or in the whole ball of that organ, I confess myself unable to decide.

Its entirely peculiar features I consider as distinguishing it from any common form of ulceration of the cornea, and regarding it as an affection of the eye not known to the schools, I propose to term it *Aposclerotis*, a name of which the etymology is very evident, and which seems quite expressive of its character.

OPERATION FOR STONE IN THE BLADDER.

The following operation for stone is detailed rather as an instance of what may be effected by small and inadequate means, than as an example safely to be imitated in all respects. Perhaps, in the eyes of many, it will appear highly censurable.

CASE 26. Mr. D., of Plymouth, Luzerne county, Pennsylvania, consulted me in regard to his son, a boy of three years old, supposed to be affected with stone in the bladder. He exhibited all the common and very distressing symptoms of that complaint; and upon sounding him with a very small steel sound, the calculus was distinctly felt. Its formation was attributed, by the boy's mother, to a fall it had upon its back, when about nine months old, if I remember right, which was followed by a discharge of blood with the urine. As he grew older, the common symptoms were gradually developed.

The parents of the child were desirous of an operation; but as they were not rich, they could not afford the expense of a journey to Philadelphia, and therefore requested me to perform it

myself. As I had not a proper set of instruments for the purpose, I felt at first almost unwilling to attempt it. But at last I determined to make the attempt, being assured that, at so early an age, the danger and the difficulty were much less than in an adult.

I therefore prepared the following apparatus : I cut a groove upon the back of the sound first used, with a metacarpal saw. This formed an exceedingly smooth and true channel for the knife. I then prepared a common straight bistoury, by securing the opened blade with firm silk wound about the joint, while a common polypus forceps was to remove the stone. Having given a large opiate, I performed the operation with this simple apparatus, in the presence of several respectable physicians, &c. I made the first incision down to the sound with a common scalpel ; and after a little difficulty in fixing the end of the bistoury in the groove, I proceeded with it to make the incision through the neck of the bladder. This was easily effected ; and a finger being introduced, the incision was enlarged by the same instrument. But what was my dismay, when, upon introducing the forceps, no stone was to be felt ! Feeling, however, quite sure of the fact of its presence, from the previous evidence of the sound, I proceeded to examine the bladder in every part with my finger, when, in a few seconds, it was found suspended by an adhesion to the bladder, directly behind the pubis. I say suspended, because the

surface, by which it was found to adhere, was very small, covering not a fifth of the length of the stone, while the remainder of it was perfectly free. It was easily dislodged, or torn off, by the finger, and in a few minutes extracted. The child was put in bed; slept nearly twenty-four hours under the influence of the opiate given before the operation; passed water through the penis the same night; and in two weeks was about. Seven years after I heard of him, and learned with great pleasure that he continued well.

The calculus was found to be of the mulberry kind; was quite rough; and the adhesion, the place of which was indicated by a red spot upon its side, had been formed about the neck of the little papillary projections upon its surface. It was of a flat, oval form, about one and a quarter inches in length by five eighths of an inch in breadth, and about three eighths of an inch thick.

The adhesion of a stone, in this manner, is denied by some writers; and this is, perhaps, the only certain instance upon record. Of the fact I was assured, in this case, from much examination.

MECHANICAL TREATMENT

IN A CASE OF

PARAPLEGIA IN A CHILD.

CASE 27. I first saw the subject of the following uncommon and interesting case by accident. While at the office of his father, S. W. Marston, Esq., of Newburyport, a beautiful boy, of about six years, was brought to his door in a cart, whom I found, upon inspection, to have wholly lost the use of his lower extremities. The disease was ascribed, by his friends, to the having eaten the leaves of some poisonous plant in the garden, when he first began to walk. The cause was not certainly known, but the result was, that his lower extremities began to dwindle and become weak, until he lost the use of them entirely. In this state he had remained, I think, about four years. He had suffered much from practice, regular and irregular, and had been several weeks with Sweet, the noted "bone doctor." All, however, was in vain; and, at the time of my seeing him, all hopes of his recovery had been wholly given up. His chest was finely developed, and from his active habits of climbing with his hands, he had acquired great strength

of body. But from the buttock, the nutritive process seemed to cease: the lower extremities were scarcely so big as his arms, and cold and powerless, while his form above was Herculean, and his color of the most blooming description. There was also an incontinence of urine, which was in the highest degree troublesome. Finding that the glutæi were partially developed, it occurred to me that if his lower extremities could be rendered firm, as if of one piece, that he could at least make use of crutches, which would give him the inestimable power of voluntary locomotion. At the time I saw him, he never went out but in a little cart, in which his brothers dragged him about the streets.

As the treatment I proposed would be rather an amusement than a pain to the child, and as his mind seemed of a high order, thus rendering it still more desirable to set him upon his feet, his father kindly consented to my taking charge of him. I am happy in being able to say, that the result exceeded my most sanguine hopes. I found that when both bones of the left lower extremity were secured to a strip of wood of equal length with them, that he could hold up his body by leaning upon a chair or table. I therefore procured for him, through the skill of my friend, E. Bradbury, Esq., machinist, the apparatus delineated in the accompanying sketch, Plate II. fig. 3. It is so simple as to need no description beyond the explanation there given. When this was fastened to his limb, (for the

right leg was soon abandoned as useless,) he was placed in a standing stool upon rollers, and made to push himself about. After a few weeks I put him upon crutches, but it was long before he could become used to his new mode of existence as a tripod. When the leg and the crutches stood like the three legs of a surveyor's theodolite, he did very well; but upon every attempt to bring them in a straight line, or to make them pass each other, he invariably fell down.

This difficulty was, however, overcome by several months of persevering effort, upon the part both of master and pupil; and he soon became quite active and independent, and still continues to move round on crutches in comparative comfort; and when contrasted with a helpless cripple, is certainly happy in his present state.

It is only necessary to say farther, that the joint at the knee was found in some respects inconvenient, and it was dispensed with, the two pieces being riveted in one. As he grows, no doubt some improved form of apparatus may be found still more convenient.

COMPOUND FRACTURE OF THE LEG,
WITH EXFOLIATION.

CASE 28. I was first called to see this case in consultation with the late Dr. Covell, of Wilkesbarre, to decide upon the question of amputation. It was a compound fracture of the lower part of the tibia, which had been four weeks under the care of a quack. The limb was, at the time of our seeing it, in the following situation. The fracture was a transverse one, within about two inches of the bottom of the tibia. Upon opening the dressings, about two inches of the upper portion of the tibia presented itself, black, and in a state of perfect necrosis; — the surface of the lower portion lay in the bottom of the ulcer, out of sight, but with the probe was found to be rough and bare. These were surrounded by a large suppurating cavity, embracing the whole surface of the tibia, which had been exposed. The exposed portions of the bone, therefore, constituted the centre of a very large and foul ulcer, from which sanious pus was freely discharged. The whole ulcer was exquisitely

painful. From it proceeded several long sinuses, one of which extended up towards the calf of the leg, while others, which had been produced by the pressure of splints, extended down to the foot, passing up on the instep, and under the hollow of the sole. The man was intemperate in his habits, about 45 years of age, and now exceedingly reduced by the irritation and constant suppuration of the wound. He had profuse sweats and hectic fever. A worse case could hardly be conceived. The only favorable symptom was found in the circumstance that the fibula was not involved in the ulcer, but was united with tolerable firmness.

As he had received no proper treatment, we determined to try, for a few weeks at least, the effect of a better practice. He was therefore put at once upon the use of the proper constitutional remedies, and in a few weeks was relieved from the hectic and night sweats.

It was found that the ulcer was so exceedingly irritable, that no attempt could be made to apply any form of extension or counter-extension. The foot and leg were therefore laid easily upon a pillow, and compresses kept upon the various sinuses upon the foot and leg, by means of the many tailed bandage. It was of course evident, under the circumstances of the case, that it must be left to the strength of the fibula alone for support and steadiness. If I remember aright, it was dressed twice a day for

several weeks, and as his general health improved, the sinuses healed, so that extension could be made upon the foot; the suppuration became less, and the painful irritability of the ulcer was removed. In a month he was comparatively quite comfortable.

In the course of a few months large portions of dead bone were thrown off, and the bottom of the ulcer was filled up with soft granulations of a yellow color, consisting chiefly of coagulable lymph, into which a pin or probe could be thrust an inch, without producing the least pain; with this substance the cavity, originally about two inches square, was almost wholly filled up. This gradually changed to a cartilage, and in less than a year, a firm union took place by means of this cartilage, which was by degrees converted into bone. The ulcer healed, after the last portions of bone were thrown off, leaving at last only a depression that would admit the end of a finger, and which was quite superficial. The limb gradually became firm enough to bear his weight, and he walked with crutches some time before the end of the year, and was at last enabled to work in the field. Two or three years after he died of a pulmonary complaint; but I regret that I was not at the time in the same neighbourhood, or a very interesting preparation might have been procured.

CASE 29. The next case, although not so hopeless in its character, was bad.

A young man of twenty was thrown from a colt, about the first of winter, when the ground was frozen. The fall produced a compound fracture of the right leg, at about the middle. The fracture was very oblique, and the sharp triangular end of the upper portion was forced two inches through the integuments. He was placed in bed, but as it was ten miles to my residence, I did not see him until six hours had elapsed from the time of the accident. I found it necessary to enlarge the wound with a bistoury, before the bone could be returned. It was then carefully adjusted, and a permanent extension applied. The fibula readily united, but from the length of time that elapsed previously to the setting the limb, it was perhaps inevitable that inflammation should succeed. This soon came on, and suppuration followed. The portion of the bone which had been exposed, being denuded of its periostum, soon turned black and became dead.

From the extreme obliquity of the fracture, and from the circumstances last mentioned, it was found impossible to keep the fractured portions in contact. With varied fortune, the case continued to require daily dressing, for many months. At last, in June, finding no appearance of separation of the dead bone, I made preparations for removing them by an operation.

As, however, I was making a very minute examination of the parts involved in the wound, I

felt with the probe a soft and semi-cartilaginous union, covering the space of two thirds of an inch, at about the middle of the fractured surface. With this fresh encouragement, I determined to wait the result; I left the family to dress the ulcer, having previously removed the splints; and in a few months more, the dead portions were thrown off, the ulcer healed, and he gradually acquired strength in the limb, and at last was restored to his labor and health.

In a similar case, it would perhaps have been better to have sawed off at once the whole portion exposed, thus preventing the hazard of exfoliation, and reducing the ulcer to a simple abscess, if inflammation should follow.

I found that I had ridden more than thirteen hundred miles in attendance upon this man, and this during as severe a winter as I ever knew. For this I received, after five or six years, about fifty dollars !

The first of the above cases afforded an opportunity, which does not often occur, of minute inspection of the manner in which a loss of substance is supplied, in a bony structure. The first granulations, after the dead bone was thrown off, were a mass of yellow coagulable lymph, precisely similar to that which forms the bond of union in large incised wounds. This, by degrees, became organized; and, by a gradual process, was converted, in the first place, into a substance nearly resembling common cartilage, and subsequently into solid bone.

It may not be uninteresting here to state a fact which I found years since in the memoirs of the French Academy of Surgery. It exhibits an instance of the manner in which the discoveries of great men are sometimes anticipated by kindred spirits. It is there stated, that on the 22d May 1770, Gerhard Eytling maintained, in a thesis at Strasburgh, the following opinion upon the subject of the regeneration of parts, and the formation of callus. "He conjectures, that in wounds with loss of substance, there is a regeneration of flesh; that the granulations formed upon *denuded bones*, &c. are a new formation: to prove which he seeks his reasons in the mechanism of the nutrition of parts, and he concludes, that nature acts for the *renewal of substance destroyed* by a wound, by the *same operation which produces the natural increase* of parts. He says, the same is the case in the *reunion of fractured bones*, and he confirms it by what occurs in cases of teeth transplanted from one mouth to another, which, he says, receive nourishment from the vessels of their roots, and that they are subject to caries, pain, &c. like other teeth." In proof of this last fact he quotes several very respectable French authorities.

These views accord most strikingly with those subsequently developed by John Hunter, whose work on the blood, it must be remember-

ed, was not published until 1792, although he began it in 1765. These views, as might be expected, are laughed at by the editors of the memoirs, and they attempt to *refute* them. See *Mem. Acad. de Chirurg.* Tome V. p. 111. *Edition Nouvelle.*

BANDAGE FOR TRANSVERSE WOUNDS

OF THE EXTREMITIES.

CASE 30. A waiter in a public house, in attempting to uncork a bottle of wine, crushed the bottle between his thighs, where he was holding it, and as he was bearing very hard upon the corkscrew, the upper half of the bottle was pressed directly against the inside of the right thigh. The result was, a deep incision penetrating nearly to the bone, near five inches long, and gaping to the extent of an inch and a half. It bled very freely, and as it was precisely across the middle of the thigh, I was fearful that sutures of any kind would not hold.

I immediately secured two strips of bandage of about a yard long by a few turns of a roller, the one above and the other below the wound, and just opposite the centre of it, as represented in the sketch, Plate II. figs. 1, 2. When both ends of these strips were drawn towards each other, I found they nearly closed the wound. I therefore laid a compress of lint upon it, and tied the four loose ends in a firm knot directly over the wound.

This had the effect of stopping the hemorrhage and bringing the edges of the cut nearly in contact. The bandage kept its place so well as not to require to be re-applied, and the wound healed in a few days, leaving but a narrow cicatrix.

I found this dressing so simple and so superior to any form of suture, that I feel desirous to recommend its use in all transverse wounds of the extremities. Not the slightest inconvenience arose from the pressure of either portion of the bandage, as many would at first sight apprehend, nor did it slip.

HÆMORRHOIDAL TUMORS.

I have often known much time consumed, and much pain needlessly suffered, by patients laboring under this very common disease, while the physician was trying in succession a variety of simple applications, none of which had power to give relief. The following compound ointment I have found exceedingly serviceable in painful tumors of this kind:

Rx. Extract. Stramon. 3ij.
Acet. Plumb. 3ss.
Pulv. Opii. 3ss.
Aq. Rosar. q. s.
ad fac. ung. moll.

This may be diluted by the addition of rose water, and applied by a linen rag. It rarely fails to give relief. If the parts are inflamed, leeches should of course be previously applied.

The combining with this the free use of a decoction of senna and manna, I have found to be eminently serviceable. My attention was first called to the powers of this especial purgative in these cases by a nurse of some experience, and I have found it to exceed my expectations.

It should also be observed, that in order to the successful treatment of hemorrhoids, the free application of leeches to the anus should invariably precede the use of local applications, where any degree of inflammation exists. And it will often be found, upon a careful examination of the rectum, that it is in a state of high inflammation, when the external tumor is the only thing complained of.

In an extremely severe case of this kind, I knew a physician to administer opium *in pills*, not recollecting that his patient might die of pain before solid opium could act. It should ever be borne in mind by the young practitioner, that in urgent cases, of whatever character, all medicines should be administered in that form which will most facilitate their immediate operation.

Thus, in severe pain, laudanum, or the solutions of morphia, should always be made use of. In other cases, where larger doses of opium are required, as in delirium tremens, &c., the opium should be given in substance, because an equivalent dose of the tincture might produce unfavorable and even fatal results, by too sudden an operation. It is probably from not attending to this important circumstance, that so many have objected to the mode of treating cases of delirium tremens exemplified in one or two cases in this volume. In comparing the results of experience, it is altogether necessary that a similarity of circumstances be ensured, otherwise the result is frequently fallacious.

OBSTETRICAL CASES.

EMBRYULCIA.

THE two cases following were scarcely less interesting than embarrassing. They were both different, in many respects, from those which are generally supposed to require the lessening the head of the child; and yet, upon a review of them, I am unable to see that the course pursued was not perfectly justifiable.

CASE 31. Mrs. B. had been subject, previously to her marriage, to convulsions, partaking strongly of the character of epilepsy. When married, and about to be confined, she, in common with her friends, entertained many apprehensions of an unfavorable result, from her liability to these attacks. She was young, and otherwise healthy, and of rather a plethoric habit. Contrary to our expectations, the convulsions did not appear; but her labor was lingering. She was bled freely, and all the common means

were used to accelerate the progress of the case. As the labor still seemed to advance but slowly, and I was fearful that so long a continuance of pain might exhaust her, after having waited many hours, I determined to make use of the ergot. The parts were tolerably well dilated, and, from past experience, I apprehended a speedy termination of the labor from its effects. I accordingly administered it in the usual quantity, and it had the desired effect of increasing the energy of the pains. The child also advanced gradually, though very slowly. But by degrees the pains subsided, her strength seemed nearly exhausted, and, indeed, during the two last hours of her labor, life seemed to be sustained only by the free use of brandy and other stimulants. The pulse became a mere thread, she grew delirious, and was evidently near her end. The friends had long before urged me to resort to instruments, but at the time when the forceps could have been applied, there was every reason to expect a speedy delivery, from the influence of the ergot. At this time the head had descended so low as to press firmly upon the perinæum, which was quite distended, so that it was utterly impossible to pass the thinnest instrument between the head and the labia. In this critical situation she remained for at least half an hour. There were evidently but a few minutes between her and death, and she was constantly singing hymns in her delirium. Circumstances more embarrassing can hardly be

imagined ; and this in the woods, far from medical help or counsel. I saw that there was but one possible course to pursue ; a scalpel was plunged into the head, it was emptied, and the child soon extracted. With the greatest difficulty, and after much exertion in the use of frictions, stimulants, &c., she was restored to sense and life. She soon recovered, and was about two years after safely delivered of another child.

CASE 32. I was called to see Mrs. S., of Abingdon, Luzerne county, Pennsylvania, residing about twenty-eight miles from me, under the following circumstances :—

She was the wife of a respectable farmer, the mother of a large family, and had been growing every year more fat and full in habit. She was under the care of Dr. Bedford, a very respectable practitioner of that place, and had been four days in labor. He had bled her freely, used stimulating injections, and all the means usually resorted to in protracted cases ; but the head had barely entered the superior strait, where, however, it was firmly fixed. The pains had been constant and severe. Upon examination, I found the vagina nearly closed by fat and effusion into the cellular membrane and labia. This was so much the case, that it was with the greatest difficulty an examination could be made at all.

Upon mature consideration of the case, it was decided by Dr. B. and myself that there was no

possibility of delivery by natural means. There was also good reason for believing the child dead, as it had not been felt to move for a day previous. It was therefore decided to extract it by opening the head, and removing it in such portions as could be procured. With great difficulty the left hand was introduced, cramped into the smallest space in which it was possible for it to remain without crushing the palmar arch, and so painfully pressed, that I was repeatedly compelled to withdraw it for relief. Through the hollow of this the perforator was passed, and an opening made. The brain was then broken up, and the crotchet introduced. With this the brain was drawn out, and by very slow degrees the bones of the cranium were extracted in very small fragments. From the extreme smallness of the space, I was forced to use the crotchet in such directions, that, if it slipped, it should bring up upon the ends of my own fingers, and in this way I received some slight wounds. After about two hours of severe exertion, which Mrs. S. bore remarkably well, I succeeded in fixing the crotchet upon the base of the skull, and extracting the head. This was only accomplished with the greatest difficulty. A stout fillet was then passed over the neck of the child, and it was soon delivered. It was found to have been dead some hours.

In both these cases, I have every reason to believe, the life of the mother would have been sacrificed by a more timid or cautious practice.

Still the use of such means must ever be regarded with a natural horror, and should never be thought of when other means are within reach.

The next case will be found to be of a character still more deeply interesting; and although not occurring in my own practice, I am induced to add it, from its near relation to the preceding, as well as from its presenting some features which are, happily, of very rare occurrence.

CONVULSIONS WITH
INSTRUMENTAL LABOR.

CASE 33. This very interesting case I give by permission of my friend, Dr. Thomas Boyd, whose patient she was. It was, on many accounts, a case of deep interest; and the manner of its termination will, I think, be found peculiar in the highest degree.

Mrs. —, aged about twenty-two, was married in January 1832; and previously to her marriage, had been perfectly healthy. She was, however, rather inclined to obesity, and was of a soft, lax habit of body. In the month of May, 1832, she miscarried, in consequence of a severe and protracted diarrhœa, and perhaps also of a sudden fright, which occurred a few weeks before. She was much reduced by this event, so that she was, for four weeks, confined to her bed. In July she again became pregnant, and twice was in great danger of miscarrying, but was freely depleted, and at last went to her full period. For several weeks previous to her confinement, her lower extremities were much swollen, and, at the time of that event, the

swelling of the whole lower extremities was really enormous; especially when the youth of the subject is considered. The swelling even extended to the lower part of the parietes of the abdomen, so as to prevent her almost from sitting or moving; and to it, in a great measure, all her subsequent difficulties may, perhaps, be referred.

Her first pains came on upon the morning of Tuesday, April 9th, and continued at intervals, until Saturday, when they became more severe; and on Saturday morning, some portion of the waters were discharged, and on Saturday night, Dr. Boyd was in attendance upon her. On Sunday, while Dr. Boyd was absent, being sent for in the morning to another urgent case, convulsions occurred.

Dr. Bliss was called in his absence, who bled her. After some time the convulsions subsided, and the labor continued to advance slowly. Most unfortunately, however, the convulsions returned repeatedly during the day and night, until the case assumed a very alarming character. She was bled by Dr. Boyd repeatedly during the day, with only temporary relief. The head, however, continued to advance.

At midnight, the case being of so difficult a character, and Dr. Boyd being much fatigued, Dr. Bliss was called in consultation; and, as I resided in the same house, I was called upon to assist.

From this time until she was delivered, at

about 6 A. M., the convulsions were incessant, and of the most distressing violence. As the head was fairly engaged in the lower strait, it was determined to attempt the delivery by the forceps, at once. It was found, however, after many trials, that every attempt to pass the blade of the instrument between the uterus and the head, brought on a return of the convulsions. This seemed to be wholly owing to the great irritability of the uterus; for the first pressure of the forceps produced an immediate accession of the convulsion. The difficulty was also very much increased by the œdematous swelling, which extended to the labia and internal parts. As there seemed no hope that she could survive unless speedy relief were obtained, it was resolved to resort to embryulcia, it being in the highest degree likely that the child was already dead. The head was opened by Dr. Bliss, and the brain evacuated. After several ineffectual attempts to fix the crotchet upon some portion of the cranium, both the other gentlemen being exhausted with fatigue, they requested me to attempt the delivery. After a few endeavors to fix the instrument upon some internal part of the cranium, I withdrew it, and passing it carefully up on the outside, I fixed it upon what proved afterwards to be the upper edge of the orbit. Here the hook held so firmly, that I was enabled to apply my whole strength; and by a motion from side to side, the head was soon brought down; and a napkin being pass-

ed round the neck, the delivery was completed. The after-birth came away without hemorrhage, but the patient was so wholly exhausted, that it required brisk stimulation for several hours to produce any thing like an established circulation.

From this time, Monday forenoon, she appeared to be quite comfortable. The swelling of the limbs began to subside, the secretions were all fully established, and there was every appearance of a speedy recovery. But on Friday, symptoms of great oppression at the chest manifested themselves, the patient requiring to be partly raised in bed in order to breathe. The most active diuretics were now resorted to, as squill, digitalis, calomel, &c., but with no relief. The oppression continued to increase; on Friday the urine, although copious, gave out the peculiar ammoniacal odor indicative of decomposition, and at about 2 A. M., on Saturday morning, she died. She appeared to die from mere oppression of the lungs, and expired without the slightest uneasiness. A few hours before her death she was bled again, it being thought that it might possibly favour the absorption of serum.

This most unlooked for termination of the case I can only explain by the supposition, that the water constituting the monstrous swelling of the lower extremities was carried to the body, and finally to the lungs, by mechanical infiltration. We know the rapidity with which anasarca swellings disappear upon a change of posture,

and this wholly unconnected with the action of medicine. And it is highly probable, that in this case, the water spread itself through the cellular membrane of the body faster than the kidneys could remove it, until at last it reached the substance of the lungs themselves.

If I should meet another instance of so extensive anasarca of the limbs during pregnancy, I should not hesitate to attempt its removal, or at least to lessen its quantity, by free scarifications, which could not be dangerous in themselves, and might remove all fear of a subsequent fatal result.

MISCELLANEOUS OBSERVATIONS.

SCIRRHOUS TUMOR OF THE ABDOMEN.

CASE 34. Mrs. P., a laboring woman, aged about fifty, consulted me on account of a large swelling, which nearly filled the abdomen. I found a solid tumor, extending from the ribs nearly to the pubis, rather inclining to the left side, and as large as the uterus in the seventh month of pregnancy. As it extended quite to the lower part of the belly, I was inclined to think it a scirrhus of the left ovarium. She informed me it had been several years in existence; but as it gave her very little trouble, she kept at her work, and thought nothing of it. At last, however, it became so large as to be very burthensome, and was very painful. From the time I saw her it continued to increase, hectic fever was developed, and after lingering a few months, she died much emaciated. Upon examination after death, a tumor presented it-

self, filling the whole abdomen, and involving the mesentery, the small intestines, the abdominal vessels, &c., in one mass of disease. It adhered firmly to the spine, and was evidently a scirrhus tumor, ulcerated and suppurating in various parts of its substance. The duodenum passed directly through it where it was attached to the spine; and all the organs in the vicinity were so involved in it, that it was with difficulty they could be traced at all. It extended from the stomach to near the pubis, and was, in all probability, a tumor originating in the glands about the mesentery.

We could not but wonder that a person so affected should have been able to keep at work, or indeed to live at all; and yet she was many months in a tolerable state of health.

CASE OF
ATTEMPTED SUICIDE BY LAUDANUM.

The following remarkable instance of escape from the effects of a large dose of laudanum, I think worthy of being recorded.

CASE 35. A gentleman very well known to me, and whose physician I was at the time, resolved to put an end to his life by the use of laudanum.

For this purpose, at about 7 P. M., in December, 182-, he drank off the contents of a four-ounce phial, which, as it was about two thirds full, could not have contained less than from two and a half to two and three quarter ounces of laudanum. He walked nearly a mile after taking it, in a highly excited state of mind; and feeling a little giddiness and slight disposition to nausea, he went to bed at about 8 P. M., but, fortunately for him, not to sleep. A most intense itching soon developed itself at the tip of the nose, which wholly prevented him from sleeping. In this state, constantly tossing and rubbing his nose upon the pillow, he remained until 7 o'clock, A. M., just twelve hours from taking the laudanum. His wife, suspecting the

cause, passed the night anxiously watching the result. At seven he became sick, and vomited freely, throwing up the whole contents of the stomach, consisting of a portion of his supper in a half digested state, and the laudanum, which smelt exceedingly strong of opium. He suffered much from a distressing nausea, and a partial paralysis of the bladder was produced, so that no water was passed until the end of twenty-four hours from taking the poison, and then only after a long continued effort. In the evening he took a cup of tea, and in a day or two was well.

This is, perhaps, one of the most remarkable instances on record; and if we take into view the fact that the nervous system of the individual is in the highest degree susceptible, so that a cigar will lay him upon his bed, and a two-grain pill of opium has been known to make him nearly if not quite as sick as did this tremendous dose; I say, when we take into view this fact, it requires no very extraordinary degree of credulity or faith to believe, that life in this case *could only have been preserved* by an extraordinary interposition of some overruling Power.

As I myself doubted the strength of the laudanum, I went privately to the apothecary, who assured me that it was standard laudanum of a good quality.

The contents of the stomach ejected might amount to a pint, as I saw them afterwards.

But who would venture to take half the dose upon the security afforded by a pint of soup, or any other common article of food?

Certainly we should be very loath to try the experiment. For myself, I am not ashamed to confess, that if Divine Providence, under any circumstances, interposes to arrest the hand of death, I fully believe it to have been the case here. Nor, when we consider *the extreme sensibility of the individual to narcotic articles*, which I have often seen myself, do I see how it is possible to escape this conclusion. And why, I may ask, why should we wish to avoid a belief so full of consolation and delight?

CASE 36. The subject of the following melancholy case was less fortunate. G. Brandon, a man of intemperate habits, arose one night in the dark, to make an application to his favorite companion, the bottle of whiskey. By mistake he took a bottle containing a strong solution of pearlash, prepared for culinary purposes. The fauces having been rendered insensible to nice distinctions by often repeated burnings, he did not detect the mistake until he had swallowed a considerable quantity of the liquid. He vomited freely, and probably threw up most of it; but it produced an acute inflammation of the mucous membrane of the œsophagus, which terminated in a confirmed stricture at the lower end of the passage. It became impervious. I saw him once only, at about five weeks after the

accident. He was literally starving to death. He had been unable to swallow any fluid or solid since a few days after the accident. I thought there was a bare possibility that the use of the bougie might relieve him; but as the difficulty seemed to be seated just at the entrance into the stomach, the chance seemed but small. As he lived thirty miles from me, I could not see him again. He lingered about seven weeks from the time of the fatal mistake, and died at last of starvation; a most distressing spectacle, in the greatest distress, his eyes sunken into the sockets, and his whole appearance dreadfully expressive of the pains of hunger.

What a solemn warning does this sad case afford to the intemperate! It is my hope that it may meet the eye of some unfortunate victim of this most destructive of our propensities, in season to arrest his hand, and to recal him to his reflection ere it is too late.

OBSTINATE DERANGEMENT
OF THE DIGESTIVE ORGANS,
CURED BY SWEET ORANGES.

The following is curious as an instance of the manner in which obstinate complaints are sometimes cured by the most simple of means, when regular prescriptions have wholly failed.

CASE 37. A girl of about fourteen was put under my care, for symptoms strongly resembling the derangement of the system, commonly termed chlorosis. She had never menstruated, which was regarded by her parents as the cause of the complaints. She had no appetite for food of a wholesome character, which was almost uniformly rejected by the stomach; the bowels were very constipated; her mind and nervous system were highly excited and irritable, so that mental derangement was feared. Her general strength was good, although it was not easy to say what kept it so, for in several months she had not eaten a regular meal. Her tongue was coated and her breath offensive, and her stomach in the highest degree irritable.

I put her upon a course of mild purgative medicine, combined with slight tonics, which were continued for several weeks with no effect. She was so restless that she was obliged to leave her school, and so obstinate that it was exceedingly difficult to make her take her medicines. At last I left her to nature, in despair of effecting any thing by medicine; and fearing much that her mind would become seriously impaired.

Several months after, I met her father, who told me, with a hearty laugh, that *he* had cured her. He stated to me that he found she had a great desire for oranges; that he gave her one daily for several weeks, which soon had the effect of removing every symptom, and restoring her to perfect health. They had the effect of opening the bowels, creating an appetite, and gradually of removing all her unpleasant symptoms. So salutary a result from so agreeable a remedy, I thought worthy of record, although it is by no means slightly mortifying to medical pride, to be so "come over" by a sweet orange, administered by the unlearned hands of a brick-maker.

SPECIFIC ACTION OF CALOMEL

IN DISEASES OF THE BOWELS.

The peculiar operation of calomel in equalizing the action of the bowels, by a mode of operation apparently distinct from its purgative properties, is strikingly illustrated by the following fact.

CASE 38. I was called during the prevalence of cholera in this city, to see master T., a child of six years. He had been troubled through the day with diarrhœa, and at the time I saw him, about 8 P. M., his bowels were opened every ten or fifteen minutes, with copious milky evacuations, and a considerable degree of tenesmus. I administered twenty-five grains of calomel, and directed him to be kept as still as possible. From the time of taking the calomel until the next day, the purging ceased wholly, and the bowels were not again opened until he took a full dose of decoction of senna and manna, by which they were freely moved. The discharges were then dark, and subsequently bilious, and his convalescence rapid. He slept well during

the night, and the calomel seemed to act as an opiate, quieting the whole irritation.

The mode of treating puerperal inflammation in the Philadelphia Alms House, was somewhat analogous. After a free bleeding, twenty or thirty grains of calomel were given at one dose, and were followed by free doses of Epsom salts, say an ounce and a half during the twenty-four hours, with an almost immediate relief of the symptoms. The effect in relieving the pain, which was often acute, was particularly remarkable. In all these cases it seems to have the power of equalizing the circulation in a very remarkable manner. And this, I apprehend, depends much upon the largeness of the dose.

REMARKABLE OPERATION OF A

FULL DOSE OF OIL OF TURPENTINE

IN A CASE OF REMITTENT FEVER.

CASE 39. Miss C. T., a child of seven years, had been ill for about five weeks, in November and December, 1832, with a slow remitting fever, with which several other members of the same family were also affected. There was, during the early part of the case, (and in a less degree during the whole of it,) a disposition to affection of the head, which was in part relieved by appropriate treatment. Still the disease showed no disposition to form a crisis. There were constant symptoms of some abdominal irritation, dry tongue, picking of the nose, &c.; the pulse was very frequent and the child much reduced.

She, in common with four or five brothers and sisters, had been formerly very subject to worms. It was therefore resolved, in the absence of any clue to any other cause of the pro-

tracted character of the case, to ascertain if worms were present in the bowels. An ounce of oil of turpentine was therefore administered, which gave very little uneasiness, and operated in a very short time. It produced a large number of copious, bright, yellow stools, during all the next day; the skin, which had been previously very dry, became covered with a most profuse perspiration, which also continued nearly a whole day, and had a strong odor of turpentine. In a word, it produced a perfect crisis of the disease, leaving the skin cool and moist, and the tongue soft. During the next day she seemed to sink from exhaustion, and the countenance evinced a slight disposition towards decomposition of the features.

Carbonate of ammonia was given for a few hours in pretty free doses, and the child became almost immediately convalescent.

I am perfectly aware that this mode of practice will meet the unqualified disapprobation of the admirers of Broussais, and perhaps of many others; and it must be admitted that it is not to be often imitated. Still, under precisely similar circumstances, I should repeat the experiment. And I cannot but regard it as a very singular instance of the power of some articles to produce a total change in the whole system.

The following account I had from a very respectable ship master of Boston, whose own case it was. He had yellow fever in Batavia.

He was given up by the physician in attendance, and heard him say as he took leave that he must die. -He was still able to sit up, and resolved to have at least one moment of comfort first. He called to his steward to bring him two pint bottles of English porter, that he happened to have on board, poured the contents of both into a large bowl, which he proceeded to fill with broken biscuit, and to eat greedily. He then laid down to sleep, fully expecting that his course was run ; — he fell asleep ; the powerful stimulus produced a complete crisis of the fever, and his physician, who merely looked in to ascertain the hour of his death, found him out of danger, and heartily enjoying the joke.

The respectability of my informant, leaves no doubt upon my own mind as to the truth of his story.

C A S E O F L E T H A R G Y .

The following case occurred in the house of my father, while I was a medical student.

CASE 40. Mrs. D., a servant, aged about forty-five, short and habitually sleepy, fell down one day in a fit of stupor. There were no symptoms of apoplexy or paralysis, but the coma was entire. The pupils were immoveable; but she moved if pinched, or pricked; and would try to speak, if called to in a loud tone. The pulse was slow and full.

A physician residing near was called in; who bled her, applied external irritants, and gave her spirits of hartshorn, in strong decoction of serpentaria. After several hours, finding she did not revive, and it being near bed time, he pronounced that she must die, and returned home. The ladies of the family proceeded to make proper preparations for that event.

I found, however, that her pulse was yet good, and that she still moved if pinched; I therefore resolved not to give the case up, and took charge of her; it being, I believe, my first attempt. I collected the alarmed and scattered females, set them to rubbing the thighs and

arms with oil of turpentine and other stimulants, while I proceeded to redouble the doses of ammonia, which were really enormous, and to apply a moxa upon her forehead. This she soon knocked off, began to moan, and at last to speak, complaining of the frictions; and by the next morning had recovered her senses, and was soon convalescent. She is, I believe, yet living, at least seventeen years after the attack.

I mention this case as an interesting instance of a form of cerebral affection of rather rare occurrence, and as an encouragement to students and young physicians, always to act from a sense of duty alone, and to persevere until the last moment.

It is worthy of remark, that she has always continued to be of a sleepy habit, constantly dropping asleep when she is quiet; but otherwise well and sound in mind. The attack lasted, as nearly as I remember, about twelve hours.

BLACK VOMIT,

FROM SYMPATHY OF THE STOMACH WITH

AN EXTERNAL INFLAMMATION.

The following is a very striking instance of the manner and degree in which the stomach sometimes sympathizes with disease in other parts.

CASE 41. A boy aged about three years and a half was seized with a very acute inflammation about the hip joint, probably caused by a fall upon the part. The part was inflamed to the highest degree; the hip and thigh much enlarged, and very tense; very active means were used to subdue the inflammation, which were wholly ineffectual. The limb became white in place of red, and within less than two days the child died. The pain was excruciating, and, for several hours before death, he threw up a substance precisely similar in its appearance to the black vomit of yellow fever, which I had several opportunities of seeing in Philadelphia, in 1819. No examination was made after death: but it is highly probable that gangrene had taken place in the interior of the inflamed limb, and

that the stomach was in a state of high inflammation.

I have heard since of other instances, somewhat similar, of sympathetic vomiting of black matter; of which, however, the particulars are not recollected. The above case occurred, if I remember right, during the hottest part of the summer.

REMARKS UPON BLISTERS.

There are one or two circumstances connected with the application of blisters, from which I have derived much comfort myself, and by which, I believe, I have saved my patients much pain.

In the first place, I believe it is not generally known, that it is not necessary to keep a blister applied until its full effect is produced. If it is kept on until the skin is decidedly irritated, and very minute vesicles begin to appear, the application of a bread poultice instead of the plaster will draw a full blister. This is of great importance in the case of small children, who often suffer excessively from the application of a blister, and whom I have seen to fall into a quiet sleep, after the poultice was applied, and although the process of vesication was still actively going on. The same remark may be made of blisters in persons of very nervous temperament, in fevers, &c. Their distress is often very great under the action of blisters, and the disease is rather increased than lessened by them. In all such cases, the application of a soft poultice gives great comfort, and at the same time completes the vesication. The poultice may be very conveniently folded in a silk handkerchief.

The other remark I would make is, that a folded silk handkerchief makes a most excellent dressing for blisters, totally excluding the air, promoting the discharge, and absorbing all the serum as it flows from the blistered surface.

I lay a silk handkerchief, folded to about six or eight thicknesses of silk, directly upon the blistered skin, and have found it by far the simplest, best, and most convenient dressing I have ever used. It may be changed daily, and will be found to give the most perfect ease; so that it can hardly be known by the feeling if there be a blister or not.

EXPLANATION OF THE PLATES.

PLATE I.

Fig. 1 represents a portion of the small intestine, strictured by membranous bands. A part of the intestine is of the natural size; and the part above the strictured portion enormously distended.

Fig. 2, a peculiar affection of the cornea, described in Case 25.

Fig. 3 is a part of the outline of the cornea, intended to show the degree to which the cornea is enlarged at the place of the cicatrix.

Fig. 4 is a horizontal section of the front part of the eye, showing the depth of the fissure represented in Fig. 2.

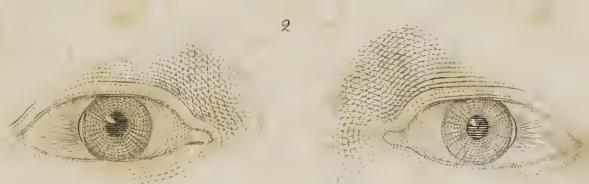
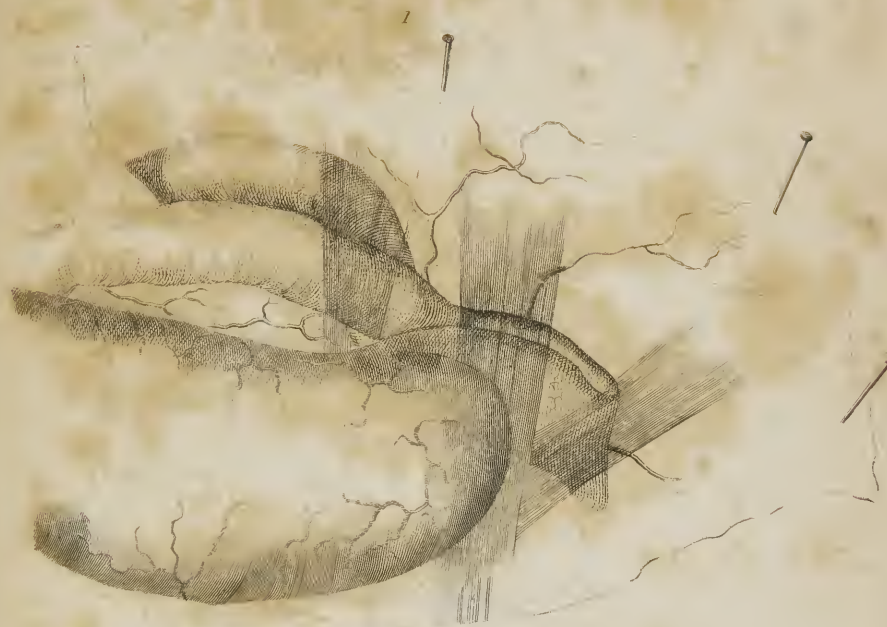


PLATE II.

Figs. 1 and 2 present a sketch of a bandage for deep transverse wounds of the extremities.

Fig. 3 is a sketch of the apparatus referred to in Case 26. It consists of steel bars, moveable at the knee and ankle joints, and furnished with padded straps to pass under the groin and round the thigh and leg. The joint at the knee is also drawn in separated portions, to show the manner in which the bolt is fixed.

Plate II.

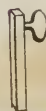
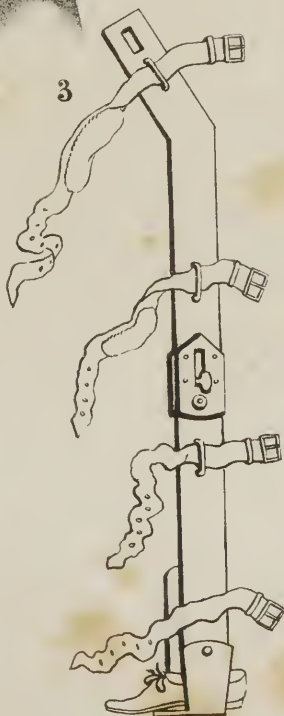
I



II



3



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